

2011 PREP Regionals Age Group Region 8 Judges Availability and Experience Resumé

Check here if any of this information is different from last year.

Name: _____ Home #: _____
 Address: _____ Work #: _____
 City: _____ State: _____ Zip: _____
 USA Gymnastics #: _____ Expiration Date: _____ Cell #: _____
 E-mail address _____@_____

Current Ratings held (2009-2013) _____

<u>AVAILABLE</u>	<u>NOT AVAILABLE</u>	<u>NAME OF MEET</u>	<u>SITE</u>	<u>DATES</u>
<input type="checkbox"/>	<input type="checkbox"/>	PREP Regionals	Tampa, FL	April 28-May 1, 2011*

* **Please note that travel may be necessary on Thursday, Friday and/or Monday if you are assigned to one of these meets.**

** **Please refer to criteria in the Region 8 Rules and Regulations in Fall 2009 Region 8 Newsletter.**

In order to be considered to judge PREP Opt Regionals you must have attended at least one of the following clinics. Please indicate which clinic(s) you have attended:

- 2009 or 2010 USAG National sponsored Regional Congress
- 2009 Brevet or National Course
- 2010 NAWGJ National Symposium
- 2009 or 2010 Region 8 Regional Team/Level 7 & 8 Training Camp (Tampa, FL)
- 2009 or 2010 USA Gymnastics National Congress (Dallas, TX) (Hartford, CT)
- 2009 Region 8 National Team Training Camp (Orlando, FL)
- 2009 Region 8 Level 8, 9 & 10 Training Camp (Atlanta, GA)

If you wish to have any other clinic(s) considered, you must submit your request **in writing** to Marian Dykes for approval by the Region 8 USAG committee. Please list the date, site, instructors and what this experience afforded you.

In order to be considered to judge 2011 PREP Regionals you must have at least 3 hours in-gym experience **at any optional level**. Was this card completed and filed with Marian Dykes with a copy to Sheila Ragle by 8/15/10? Yes No

If this In Gym card was not turned in please file it with this form.

How many Junior Olympic PREP **optional** invitationals you judged from 6/2/2009 to 5/15/2010?

This form must be sent to Marian Dykes with a copy to Sheila Ragle.

Failure to respond by 8/15/10 indicates you **DO NOT** wish to be considered for the above mentioned meets.

Continued on other side

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Please specify miscellaneous expenses for which you would expect reimbursement:

\$ _____ Airport Parking
\$ _____ Travel to/from the Airport @ current IRS rate x _____ miles round-trip
\$ _____ Tolls
\$ _____ Other Expenses (be specific)

Please indicate the nearest departure airport: _____

Do you have any special dietary restraints? Yes No

Please list dietary restraints _____

OTHER INFORMATION

Gym Affiliation: _____

Place of Employment: _____ How early can you leave? _____

Please complete both sides of this form. Also be sure your In Gym Card was completed and sent or accompanies this form.

You must return this form to:

Marian Dykes
4651 Buford Highway
Atlanta, GA 30341

Please send a copy to:

Sheila Ragle
1870 Eagle Summit Court
Lawrenceville, GA 30043-6669

This form must be sent back to Marian Dykes with a copy to Sheila Ragle. Failure to respond by 8/15/10 indicates you **DO NOT** wish to be considered for the above-mentioned meets.