

USA GYMNASTICS WASHINGTON 2024-2025 MEET REQUEST FORM

Submit one meet request per club After June 1st additional requests may be accepted

Name/Address of Venue	
CLUB NAME:	CLUB ADDRESS:
	MEET NAME:
MEET DIRECTOR:	PHONE CONTACT:
EMAIL CONTACT:	
ET DATES: Month: Dates:	
OPTIONAL Yes No CO	MPULSORIES Yes No XCEL Yes No
POSSIBLE MEET DAYS (include levels if knd	own) Thursday Friday Saturday Sunday Monday
Levels Sessions per d	ay #Judges requested
	be very specific as to the levels you are planning to host for the meet. at you have now and contact NAWGJ WA as soon as any changes are made.
	.00 per official per meet. Example: 2-day meet with 8 judges = \$40.00
If a Request is received less that	cluded with Meet Request Form for request to be processed. an 30 days prior to the meet date, the fee is \$7.00 per official/per day. requested) made within 30 days of meet date are subject to additional fees.
Email 1 copy of this form to Kim Thom	son, USAGWA State Chair usagwashington@gmail.com
Send 1 copy of this form with checks p NAWGJWA c/o Michelle Ladow 30805	ayable to: 5 South 855 PR SE, Kennewick, WA 99338
REQUESTS: You may request judge	s, however NAWGJWA does not guarantee that all requests will be met.
MEET REFEREE REQUESTED: _	

Updated 5/04/2024

(If none specified than you are accepting any judge be assigned to your specific meet)				
Signature:	Date:	Amount enclosed: \$		
NAWGJ-WA ASSIGNING REQUESTS ARE NOT ACCEPTED WITHOUT PAYMENT				