



## Request for NGA Judges

Competition:

Competition Dates:

Competition Location:

City:

State:

Zip Code:

How many Judges needed:

Preferred Ratings:

Competition Referee: Walking \_\_\_\_ Acting \_\_\_\_

Judges per panel:

Names of Judges Requested:

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Level(s) of Competition:

Competition Dates:

Travel Arrangement Options: Drive \_\_\_\_ Fly \_\_\_\_

Meet Director:

Cell:

Email:

Assigning Official:

Cell

E-Mail

Signed:

Date:

**\*Please send this form to the assigning official one month prior to the competition.**