



USA Archery Judge Stipend Form
210 USA Cycling Point, Suite 130
Colorado Springs, CO. 80919

To Chairman of Judges:

1. Please **INSERT** the number of days/sessions worked by each judge
2. Have **JUDGES SIGN** their "Name Block" verifying days worked.
3. Sign & return this form to the USAA office immediately following the event.

Thank You! **USAA Account Code:**

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

Name of Event:
Location:
Dates:

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

NAME:
ADDRESS:
ZIP:
DAYS/SESSIONS WORKED:
SIGNATURE:
Email:

I HEREBY CERTIFY THAT THESE USAA JUDGES HAVE WORKED THE NUMBER OF DAYS/SESSIONS SPECIFIED AND REQUEST THAT APPROPRIATE STIPEND PAYMENT BE MADE DIRECTLY TO THESE OFFICIALS AT THE ADDRESSES SHOWN.

Chairman of Judges signature: _____

Date: _____

Approved by: _____	Date: _____
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Return this form to: Nat'l Events Mgr. email: events@usarchery.org