



USA Archery Judge Stipend Form
210 USA Cycling Poing, 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 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:

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NAME:

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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:

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