



JUDGE PER DIEM FORM

USA ARCHERY

4065 Sinton Rd., Suite 110, Colorado Springs, CO 80907

PHONE: (719) 866-4576 FAX: (719) 632-4733

To Chairman of Judges:

1. Please INSERT the number of days worked by each judge.
2. Have JUDGES SIGN their "Name Block" verifying days worked.
3. Sign & return this form to the USA Archery office immediately following the tournament.

Thank You!

USAA Account Code:

Name of Event:

Location:

Dates:

NAME:

ADDRESS:

ZIP:

TELEPHONE

DAYS WORKED:

Last 4 digits of SSN:

SIGNATURE:

NAME:

ADDRESS:

ZIP:

TELEPHONE

DAYS WORKED:

Last 4 digits of SSN:

SIGNATURE:

NAME:

ADDRESS:

ZIP:

TELEPHONE

DAYS WORKED:

Last 4 digits of SSN:

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NAME:

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DAYS WORKED:

Last 4 digits of SSN:

SIGNATURE:

NAME:

ADDRESS:

ZIP:

TELEPHONE

DAYS WORKED:

Last 4 digits of SSN:

SIGNATURE:

NAME:

ADDRESS:

ZIP:

TELEPHONE

DAYS WORKED:

Last 4 digits of SSN:

SIGNATURE:

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

Chairman of Judges Signature: _____

Date: _____

APPROVED FOR PAYMENT BY: _____

DATE: _____

Return this form to: Sheri Rhodes Email: srhodes@usarchery.org or Fax: 480-497-6906