

**USA ARCHERY**  
**711 NORTH TEJON STREET, COLORADO SPRINGS, CO 80903**  
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**EMAIL: KWEISS@USARCHERY.ORG**

**JUDGES STIPEND**

**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 USAA office immediately following the tournament.

Thank You!

Name of Event:  
 Event Code (Internal use only):  
 Location:  
 Dates:

NAME:  
 ADDRESS:  
 ZIP:  
 TELEPHONE  
 DAYS WORKED:  
 SSAN:  
 SIGNATURE:

NAME:  
 ADDRESS:  
 ZIP:  
 TELEPHONE  
 DAYS WORKED:  
 SSAN:  
 SIGNATURE:

NAME:  
 ADDRESS:  
 ZIP:  
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 DAYS WORKED:  
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NAME:  
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 DAYS WORKED:  
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NAME:  
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 ZIP:  
 TELEPHONE  
 DAYS WORKED:  
 SSAN:  
 SIGNATURE:

NAME:  
 ADDRESS:  
 ZIP:  
 TELEPHONE  
 DAYS WORKED:  
 SSAN:  
 SIGNATURE:

I HEREBY CERTIFY THAT THESE USAA 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:
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