



ASMTA FESTIVAL 20__

JUDGES INFORMATION SHEET

Region: _____

Date: _____

Please complete this form and **turn it in** to the Region Chairperson today, along with the Student Rating Sheets. Your check will be mailed immediately. For mailing purposes, **please print clearly** especially **your name and address**.

NAME:

ADDRESS:

CITY-STATE-ZIP:

TELEPHONE:

HOURS JUDGING:

ROUND TRIP MILEAGE:

Thank you for giving your valuable time to judge ASMTA Festival.

COMMENTS & SUGGESTIONS:
