AGGUSA JUDGE VOLUNTEER REPORT 2024

Judge's Name: _____

Club Name: _____

Coach(es) Name(s): _____

Team Name(s): _____

Age Division(s): _____

Location: _____

Date: _____

Routine(s) Reviewed (SP/LP): _____

Corrections Given:

Additional Comments:

Date Signed: _____

Judge Signature: _____

Coach/Club Representative Signature: _____