

Gymnastics BC Judges Expense Form: **Women's Artistic Gymnastics**

Payable to (name and address required):

Name:

Address:

City:

Province:

Postal Code:

Judge's Rating:

Competition:

Competition Date:



Honoraria Table:

Judge's Rating	Rate by number of athletes registered in a session		
	1-48 athletes	49-72 athletes	73-96 athletes
JO 3-5	\$50	\$60	\$70
JO 6-8	\$60	\$70	\$80
JO 9-10	\$70	\$80	\$90
National JO	\$80	\$90	\$100
National HP	\$90	\$100	\$110
Brevet	\$100	\$110	\$120

Sessions Honoraria	Number of Sessions	Rate	Total
1-48 athletes			\$
49-79 athletes			\$
73-96 athletes			\$
Transportation:	_____ km (- 40 km) = _____ km @ \$0.50		\$
Ferry, tolls	Provide receipts		\$
Car rental	Provide receipts		\$
Gas	Provide receipts		\$
Hotel	Provide receipts		\$
Meals:	Quantity	Rate	Total
Breakfast			\$
Lunch			\$
Dinner			\$
TOTAL EXPENSES			\$

Judge's Signature:

Verification (CHJ):