



## Judge/Supervisor Expense Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Business Phone \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Festival Information

Location: \_\_\_\_\_

Level: Prelims \_\_\_\_\_ Semi-finals \_\_\_\_\_ Finals \_\_\_\_\_ Middle School \_\_\_\_\_

Were you a Judge \_\_\_\_\_ or Supervisor \_\_\_\_\_

Training Site: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill in this form and return it to the Supervisor today or mail it to:  
Debra Dion Faust, Treasurer  
26 Mountain Ave.  
Saugus, MA 01906

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Check number \_\_\_\_\_ Amount: \_\_\_\_\_