

LOCAL - JUDGES

NAME OF LOCAL: _____

DATE OF LOCAL COMPETITION: _____

NAME OF JUDGES CHAIRMAN: _____ PHONE # _____

PLEASE COMPLETE THIS FORM AND RETURN THE ORIGINAL TO MOP OFFICE & A COPY TO YOUR FIELD DIRECTOR ONE WEEK PRIOR TO YOUR COMPETITION DATE. At least one judge must be certified and at least one judge must be a novice.

Judges Name: _____

Address: _____

Phone Number: _____
Home Work

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