

Judge's Weekend Report

To be filled out by the Videographer and given to the Judge or ACHA Show Secretary:

Name of Videographer _____ ACHA # _____

Phone # _____

Show Name: _____

Location _____

Date (s) of Show _____

To be filled out by the designated Judge:

Name of ACHA Judge: _____

Address: _____ City/State/Zip _____

Phone # _____

I understand that these videos are subject to review by the ACHA Judges Committee.

Judges Signature: _____