



2024-2025 AAU GYMNASTICS MEET REFEREE REPORT FORM

EVENT DETAILS (all fields are required)

License Name: _____ License Number: _____

Site Name: _____

Event Location: _____

Meet Director: _____ No. of Participants: _____

Submission of the Meet Referee Report is required before the license can be closed. Please submit your report within 72 business hours after the event's completion. This form can be submitted with, or separate from, the Incident report form.

MEET REFEREE

Please complete the required information below. Report any violation of the AAU and NGB rules and policies to SC AAU Gymnastics District Director/Chairman (susievahala@icloud.com).

Meet Referee Name (printed): _____ AAU Member Number: _____

EVENT COMMENTS

Please complete the required information below. Report any violations of the AAU Gymnastic National and the NGB Rules and Policies to the SC AAU Gymnastics District Chair/Director. Email to susievahala@icloud.com at conclusion of event.

☐ I do not have any incidents to report.

Please record any relevant reporting information here: (suggestions on how to improve AAU Sessions, what was great about the AAU sessions etc...)

Meet Referee Signature: _____ Date: _____