SkillsUSA New York

Judges Information Sheet

Please Print

Contest Name: _____ Year: _____

Name: _____

Or attach a business card

Industry/School Name: _____

Please check one; ____ Home address ____ Business address

Address: _____

State: _____ Zip: _____

Phone: (____) _____ Home phone: (____) _____

Fax: (____) _____

e-mail: _____

Does your employer support your participation? Yes No

Would you like to participate again next year? Yes No

Signature: _____

Judges Evaluation:

Please rate the contestant's preparation for this contest:

_____ Excellent _____ Very good _____ Good _____ Fair _____ Poor

List any industry support that might help with this contest.

_____

_____

Comments and suggestions which may help in the future, Please be specific:

_____

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Revised 11/04/07