

WRDX WATER TEST JUDGE'S ACCEPTANCE FORM

I have agreed to judge the (Name of Regional Club): _____

WRDX Water Test on (Date): _____

At (Site Location): _____

Near or in (City): _____ (State): _____

Signature of Judge: _____ Date: _____

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number:(_____) _____ E-Mail _____ Currently an NCA Member?(Y/N) _____

Judging Status (Circle all that apply): WDC Member Mentor Judge Partner Judge