

HEAD ADJUDICATOR'S FESTIVAL REPORT

Festival Date: _____ Festival Type: _____

Festival Site: _____ Festival Location: _____

Did the festival start and/or remain on time? **YES** **NO**
If not, why?

Comments: (Unusual occurrences, problems, etc.)

Were there any occurrences that would warrant any criticism of any adjudicators? **YES** **NO**
If so, what?

Comments (facilities, management, etc.)

Adjudicators:

Head _____ Sight Reading _____

Tape _____ Tape _____

Was a pre-festival conference held: **YES** **NO**

Comments: (regarding adjudicators)

Signed: _____ Date: _____

If necessary, please attach additional sheets.

Return to: Orrin C. Cross III
 Adjudication Representative
 5172 Olive Drive
 Concord CA 94521-3110
 Phone: 925-825-5806

You may FAX this report to: 925-798-1609 – Email to: cmeabaysectionjudge@comcast.net
RETURN THIS IMMEDIATELY AFTER FESTIVAL. PHONE IF THERE WAS A MAJOR PROBLEM.