

Miriam Litcher
Stark *in* **Contest**[®]
Reading and Declamation
ESTABLISHED 1904

Judge's Ethics Form*

I, _____, have read the Judges' Handbook and agree to abide by the stated guidelines and ethics while judging at _____, during the (please check) Preliminary _____ School Final _____ County Final _____ on (provide date of contest judged) _____ of the Stark Reading Contest.

To your knowledge, are you related to any contest participant either by blood or marriage?

Yes _____

No _____

To your knowledge, are you related to any other judge on the same panel as you by either blood or marriage?

Yes _____

No _____

If yes to either of the above questions, please provide details _____

Judge's Signature: _____

Date: _____

Please return to:
Nelda C. and H.J. Litcher Stark Foundation
P.O. Drawer 909
Orange, TX 77631
or fax to 409-883-3530

**This Form must be turned in to the School Director or to the Stark Foundation Stark Reading Contest Coordinator prior to the start of any contest.*

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Judge's Information Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone No: _____

Alternate Phone No.: _____

Email Address: _____

Occupation: _____

Employer: _____

Education/Background/Experience that qualifies you to serve as a Judge at an oratorical contest:

Contest Level: Preliminary School Final County Final

School Name (if judging local level contest): _____

Stipend: I elect to *not* receive a stipend for my judging services: _____ (initials)
If a stipend is not elected, please stop here and return page 1 of Form only

I elect to receive a stipend for my judging services: _____ (initials)
If stipend is elected, please complete page 2 of this Form and return both pages of Form

Please return to:
Nelda C. and H.J. Lutchter Stark Foundation
P.O. Drawer 909
Orange, TX 77631
or fax to 409-883-3530

(This Portion to Be Completed Only if Payment of Stipend Is Elected)

I elect to be paid a stipend for serving in the capacity of Stark Reading Contest Judge. I understand that any stipend will be paid by ACH direct deposit only to the account designated by me on this form.

I hereby authorize Nelda C. and H.J. Lutcher Stark Foundation to initiate one or more credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below.

FINANCIAL INSTITUTION: _____

BANK ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

YOUR ACCOUNT NAME: _____

ACH TRANSIT/ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

BUSINESS ACCOUNT: YES NO (CIRCLE ONE: CHECKING SAVINGS)

PERSONAL ACCOUNT: YES NO (CIRCLE ONE: CHECKING SAVINGS)

PRINT NAME: _____

SIGNATURE : _____

DATE: _____

For questions or information, please contact Barbara Roberson, Accounts Payable at broberson@starkfoundation.org; 409-883-3513, ext. 2026; or P.O. Box 909 Orange, TX 77631.

Please return to:

Page 2 of 2

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