

# IHSGCA Judging Shadow Voucher



I hereby certify that \_\_\_\_\_

has shadowed an IHSA registered judge on the dates listed below.

Date \_\_\_\_\_ Competing Teams \_\_\_\_\_

Registered Judge Name \_\_\_\_\_

Signature \_\_\_\_\_

Host School Head Coach \_\_\_\_\_

Signature \_\_\_\_\_

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Date \_\_\_\_\_ Competing Teams \_\_\_\_\_

Registered Judge Name \_\_\_\_\_

Signature \_\_\_\_\_

Host School Head Coach \_\_\_\_\_

Signature \_\_\_\_\_

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Date \_\_\_\_\_ Competing Teams \_\_\_\_\_

Registered Judge Name \_\_\_\_\_

Signature \_\_\_\_\_

Host School Head Coach \_\_\_\_\_

Signature \_\_\_\_\_