



APPLICANT JUDGE REFERENCE FORM

Submit to:
RMHA
4037 Iron Works Parkway, Suite 160
Lexington, KY. 40511-8508

Date: _____ **Name of Applicant Judge:** _____

Name of Reference/Address/Contact Info:

Rate the Judge on a scale of 1 to 10 (10 being the highest) or N/A (do not know)

Knowledge of rules: _____ Consistency of applying rules: _____ Professionalism: _____

Ethics/Fairness: _____ Appearance: _____ Ability to judge: _____

Equine Experience: _____ Overall performance in past judging experiences: _____

Comments: (including, examples if appropriate)

What relation do you have with the applicant judge? Check all that apply: Exhibitor Trainer
 Owner Spectator Show Staff Judge Friend Other _____

How long have you known this person: _____

Do you know this person well enough to evaluate? Yes No

Would you recommend this person to become a RMHA Judge? Yes No Undecided