JUDGE EVALUATION FORM

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

Name of Judge: _____

Name of Show: _____

Date: _____ **Location of Show**: _____

Rate the Judge on a scale of 1 to 10 (10 being the highest)

Knowledge of rules: _____ Consistency of applying rules: _____ Appearance: _____

Ability to judge: _____ Helpful/Courteous: _____ Overall performance: _____

Comments: (including, examples if appropriate)

_____

_____

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_____

Check all that apply: Exhibitor Trainer Owner Spectator Show Staff

Would you recommend this Judge for future shows? Yes No
Undecided

Printed Name: _____

Signature: _____

SJC and Board approved: June 21, 2008
changed mailing address: January 10, 2009