



**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