

CONFIDENTIAL

(Not to be circulated nor disclosed)



APPLICANT JUDGE REFERENCE FORM

Please Complete and Submit to:
RMHA 4651 Iron Works Pike, Suite 156 Lexington,
KY. 40511

Date: _____

Name of Applicant Judge: _____

Reference's Name: _____

Reference's Mailing Address

Telephone Number _____ Email Address _____

Your name and contact information was provided by the Applicant Judge, hence the reason for contacting you with this request for information.

What relationship 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 provide an accurate and fair evaluation?

Yes No

(If no, please skip to signature section below.)

Rate the Judge on a scale of 4 to 10* (10 being the highest) or N/A (do not know)

Knowledge of Rules: _____

Consistency of Applying Rules: _____

Professionalism: _____

Ethics/Fairness: _____

Appearance: _____

Overall Ability to Judge: _____

Judging Experience:

Judging Gaited Horses _____

Judging Non-Gaited Horses _____

Judging Trail Horses _____

Judging Driving Horses _____

Judging Showmanship _____

Judging Pattern Classes _____

Judging Equitation _____

Judging Western _____

Judging In-Hand Conformation _____

Determining Unsoundness _____

Overall performance in past judging experiences: _____

* - 10 - Excellent; 9 - Very Good; 8 - Good; 7 - Fairly Good; 6 - Satisfactory; 5 - Marginal; 4 - Lacks Experience

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Comments: (including, examples if appropriate)

Would you recommend this person to become a RMHA Judge?

Yes No Undecided

Would you show/compete in front of this person if the rules permitted?

Yes No Undecided

The information I have provided herein is considered to be confidential between myself and the RMHA. The circulation and distribution of this information is forbidden. The information I have provided is based upon direct experience with the applicant.

Signature

Date