

APPLICATION FOR CSHA JUDGING LICENSE

Complete this form with a non-refundable filing fee of \$50.00 payable to CSHA & return to: CSHA Judges Commission Chair, Alice Lawellin, at: 11888 So. Airport Way, Manteca, CA 95336

DIVISION: DRILL TEAM ( ) ENGLISH ( ) GYMKHANA ( ) PARADE ( ) TRAIL TRIALS ( ) WESTERN ( )

NOTE: ONE FEE & APPLICATION REQUIRED FOR EACH DIVISION

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

CSHA MEMBERSHIP IS REQUIRED (Indicate membership currently held) LIFE ( ) COMMERCIAL ( ) FAMILIY ( ) SR INDIVIDUAL ( )

NOTE: For this purpose, membership in a CSHA Club is NOT valid

PLEASE USE THE REVERSE TO LIST THE FOLLOWING AS APPLICABLE TO THE DIVISION:

- 1. EVENTS WHICH YOU HAVE JUDGED (include dates)
2. NAMES/ADDRESSES OF SHOW MANAGERS OR SECRETARYS FOR WHOM YOU HAVE JUDGED ALONG WITH EVENT NAME & DATE
3. LIST FOUR PERSONAL REFERENCES 2 OF WHOM MUST HAVE SEEN YOU JUDGE
4. LIST JUDGES (INCLUDING DATES) WITH WHOM YOU HA'IE JUNIOR JUDGED

THIS IS A GENERIC FORM. PLEASE REFER TO THE LICENSING PROCEDURE GUIDELINES FOR INFORMATION REGARDING SPECIFICS FOR DESIRED DIVISION.

YOU ARE INVITED TO ATTACH A RESUME OF YOUR EQUESTRIAN BACKGROUND AS ADDITONAL INFORMATION FOR CONSIDERATION BY THE COMMISSION.

The enclosed information is accurate & true to the best of my knowledge. It is my understanding in case of any inaccuracies or discrepancies, the CSHA Judges Commission has the privilege of revoking my judging privileges for cause; i.e. falsification. It is my further understanding that the designated authorities of the CSHA Judges Commission have the privilege & right to accept, deny, table or request further information with regard to this application. I also understand that, if I am certified to judge, the CSHA Judges Commission has the right & privilege to remove my name from the approved judges list at any time for just cause. Acceptance, rejection or removal by the CSHA Judges Commission of my application or judging privileges will not be challenged by me.

\_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

OFFICE USE: DATE RECEIVED \_\_\_\_\_ POSTMARK DATE \_\_\_\_\_

CHECK # \_\_\_\_\_ CHECK AMT\$ \_\_\_\_\_ QB \_\_\_\_\_

GL ACCT \_\_\_\_\_ DATE FORWARDED TO CHAIR \_\_\_\_\_

MEMBERSHIP VERIFIED \_\_\_\_\_ INDICATE IF RECEIVED FROM CHAIR \_\_\_\_\_

DATE TESTED \_\_\_\_\_ DATE JUDGES LICENSE SHIPPED \_\_\_\_\_ Pg 1 of 2 Rev11-23-09

**REFERENCES**

**CSHA JUDGES WITH WHOM YOU HAVE JUNIOR JUDGED** (INCLUDE DATE)

JUDGE \_\_\_\_\_  
EVENT \_\_\_\_\_

JUDGE \_\_\_\_\_  
EVENT \_\_\_\_\_

JUDGE \_\_\_\_\_  
EVENT \_\_\_\_\_

**EVENTS WHICH YOU HAVE JUDGED (INDEPENDENT JUDGING)**

EVENT/DATE \_\_\_\_\_ EVENT/DATE \_\_\_\_\_  
EVENT/DATE \_\_\_\_\_ EVENT/DATE \_\_\_\_\_  
EVENT/DATE \_\_\_\_\_ EVENT/DATE \_\_\_\_\_

NOTE: TRAIL TRIALS INCLUDE NAME of OBSTACLE

**PERSONAL REFERENCES**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**SHOW MANAGER/SECRETARY REFERENCES**

NAME \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EVENT/DATE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EVENT/DATE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
EVENT/DATE \_\_\_\_\_