

CHJA Rules Representative Training Program

Name:	
Street Address:	
City, State & Zip Code:	
Phone:	
E-mail Address:	
CHJA Number:	Number of years as a CHJA Member:
Please check that the following	criteria apply to you:
☐ Shadow a USEF S ☐ Show secretary or ☐ Completion of at least one competition: ☐ Judge a CHJA sho ☐ Shadow a USEF ra ☐ In gate starter or sl	following experiences at a CHJA sanctioned competition: teward (one complete show day) shadow a show secretary (half of one show day) e of the following experiences (one complete show day) at a CHJA sanctioned w ated judge (half of one show day) hadowing of an in gate starter (half of one show day) signer (half of one show day)
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What do anticipate will beHave you met with a stew experience?	me a CHJA Rules Supervisor? e the most challenging as a CHJA Rules Supervisor? ard at a competition to clarify a rule or address a concern? How was that riences will assist you in this role?
Signature of applicant:	Date: