



CHJA Rules Supervisor Training Program

Documentation of Experience

Competition Name: _____

Date: _____

Location (facility, city & state): _____

Competition Manager: _____

Competition Steward: _____

This is to confirm that _____ served in the following capacity at the above listed competition:

	# Days	# Hours
• Show Manager	_____	_____
• Show Manager Shadowing	_____	_____
• Show Secretary	_____	_____
• Show Secretary Shadowing	_____	_____
• Judge	_____	_____
• Judge Shadowing	_____	_____
• Steward Shadowing	_____	_____
• Other	_____	_____

Describe duties:

Signature of competition official: _____

Title: _____

Date: _____