



CHJA Rules Representative Training Program

Documentation of Historical Experience

Name: _____

Please describe your previous experience (duties, estimated time) or shadowing experience in any of the following capacities:

- Show Manager
- Show Secretary
- Judge
- CHJA Board Member
- USEF or CHJA Steward

Please list any references that could confirm your participation in these roles:

- | | |
|---------------|--------------|
| • Name: _____ | Phone: _____ |
| • Name: _____ | Phone: _____ |
| • Name: _____ | Phone: _____ |

Signature of applicant: _____

Date: _____