



Washington State Horsemen Learner Program

Information on Horse shows that you have judged

Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

List 8 shows that you have judged, along with contact information

1. Name of Show _____

Contact _____ Phone or email _____

2. Name of Show _____

Contact _____ Phone or email _____

3. Name of Show _____

Contact _____ Phone or email _____

4. Name of Show _____

Contact _____ Phone or email _____

5. Name of Show _____

Contact _____ Phone or email _____

6. Name of Show _____

Contact _____ Phone or email _____

7. Name of Show _____

Contact _____ Phone or email _____

8. Name of Show _____

Contact _____ Phone or email _____

9. Name of Show _____

Contact _____ Phone or email _____

10. Name of Show _____

Contact _____ Phone or email _____

Also, include your resume with your experience in the horse industry along with 10 names and addresses of references. Send to: WSH LOC Chairman, P.O. Box 444, Buckley, WA 98321

Washington State Horsemen Learner Program
Names and Addresses of References

1. Name _____
Address _____
Phone _____ Email _____
2. Name _____
Address _____
Phone _____ Email _____
3. Name _____
Address _____
Phone _____ Email _____
4. Name _____
Address _____
Phone _____ Email _____
5. Name _____
Address _____
Phone _____ Email _____
6. Name _____
Address _____
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7. Name _____
Address _____
Phone _____ Email _____
8. Name _____
Address _____
Phone _____ Email _____
9. Name _____
Address _____
Phone _____ Email _____
10. Name _____
Address _____
Phone _____ Email _____

Send to: WSH LOC P.O. Box 444, Buckley, WA 98321