



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 _____

Names and Addresses of References 5 must be from a current WSH, USEF, Equestrian Canada, or Breed Association Licensed Official (May be either Judges or Stewards).

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 _____

Phone _____ Email _____

7. Name _____

Address _____

Phone _____ Email _____

8. Name _____

Address _____

Phone _____ Email _____

Also, include a check for \$100.00 (nonrefundable), your resume with your experience in the horse industry

Send to: **Sherri Williams WSH LOC Chairman, 7503 Lyons Lane Yakima, WA 98903**

Date Received ___/___/___ Ck # _____