



AMERICAN SHETLAND PONY CLUB, INC.

American Shetland Pony Registry • American Miniature Horse Registry • American Show Pony Registry

81-B East Queenwood Road Morton Illinois 61550

Phone: 309-263-4044 Fax: 309-263-5113 www.shetlandminiature.com

JUDGE APPLICATION

Please complete and return to address above with appropriate fees -
Annual Membership Fee - \$65 Judge Application Fee - \$25

Are you a current member of ASPC, Inc., ? Yes _____ No _____

If yes, Membership # _____

This application is for: Annual Card _____ Guest Card _____

Division(s) Requested: Classic _____ Modern _____ Miniature _____ ASPR _____

Please type or write legibly:

Name: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

1. In what capacity are you employed?
2. Do you currently own/lease one or more registered Shetlands?
3. Do you currently own/lease one or more miniature horses?
4. Do you work, or have you ever worked for an equine establishment? If yes, describe your duties and length of service.
5. Do you maintain a public equine training establishment? if yes, state location and time in operation.

continued on next page

OFFICE USE: APPROVED ON _____



JUDGE APPLICATION - page 2

Please complete and return with appropriate fees -

Annual Membership Fee - \$65

Judge Application Fee - \$20

Statement of General Experience

List experiences as an owner, trainer, breeder, instructor, rider or driver for each breed division applied for:

Statement of Judging Experience

List experiences as an owner, trainer, breeder, instructor, rider or driver for each breed division applied

<u>Association</u>	<u>Full Name</u>	<u>Card #</u>	<u>Breed</u>	<u>Division</u>
--------------------	------------------	---------------	--------------	-----------------

List names, breed divisions/topic of any shows judged or observed and clinics attended:

<u>Shows</u>	<u>Breed Judged</u>	<u>Date</u>
--------------	---------------------	-------------

<u>Clinic</u>	<u>Topic</u>	<u>Date</u>
---------------	--------------	-------------

References - list complete name and address of at least one official at a show you judged/observed, and any other persons who are acquainted with your record or qualifications. Questionnaires will not be mailed to any person whose address is not complete. **NOTE: It is to your advantage to provide as many references as possible from licensed Judges and ASPC Inc., Committee Members of the requested breed divisions. Attach reference letters to this form.**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
-------------	----------------	--------------

This application constitutes an agreement that the person making it is subject to and shall be bound by the constitution and the rules of the ASPC/AMHR/ASPR, shall accept as final the decision of the Hearing Committee of the Association and any question arising under such rules and shall hold the Association, its officers, directors, employees, and member of any committee of the Association harmless from all liability in connection with any action taken with respect to this application. The construction and application of the constitution and rules of the Association and this agreement are governed by the laws of the State of Illinois.

Signature: _____

Date: _____