

SASJ Learner Judge Application



Applicant Name: _____

This form is to be sent directly to the Provincial Jumping Committee for verification **with your attached logbooks/summary sheet/s of practical Record of Experience judging.**

Successful applications are forwarded by the Provincial Committee to the National Office to be added to national database.

SASJ Membership Number: _____

SAEF Membership Number: _____

Practical Experience	Venue and Date of Event		
Officiated at 6 x SASJ Events (min) as a Secretary/Timekeeper in past 3 years	1.	4.	
	Date:	Date:	
	Position:	Position:	
	2.	5.	
	Date:	Date:	
	Position:	Position:	
Recommended by three NAT (or higher level) judges	Judge 1:	Event:	
	Judge 2:	Date:	
	Judge 3:	Event:	
Learner Exam	Date:		
	Venue:		
	Result:		
Annual Judges Seminar Attendance	Date:	Date:	
	Location:	Location:	

Please provide the following details to SA Showjumping for your accreditation:

Name:	Date of Birth:		
Address:			
Suburb:			
Province:	Post Code:		
Tel:	Mobile:		
E-Mail:			
Emergency Contact:	Mobile:		
Medical Aid:	Yes	No	Name + Number:

SIGNED: _____

DATE: _____