

SASJ Provincial Judge Application



Applicant Name: _____

This form is to be sent directly to the Provincial Jumping Committee for verification **with your attached 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 shows as a Learner Judge in the past year	1:	4:
	Date:	Date:
	2:	5:
	Date:	Date:
	3:	6:
	Date:	Date:
Officiated at 2 x SASJ Events as a shadow steward in the past two years (at least ONE full day each)	1:	2:
	CS:	CS:
	Date:	Date:
Assessed by 3 x FEI L1 (or higher level) judges <i>(with recommendations for promotion)</i>	Judge 1:	Event:
		Date:
	Judge 2:	Event:
		Date:
	Judge 3:	Event:
		Date:
Novice Exam	Date:	
	Venue:	
	Result:	
Annual Judges Seminar Attendance	Date:	Date:
	Location:	Location:

SASJ Provincial Judge Application



Applicant Name:

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:	Name + Number:			
<table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>		Yes	No	<input type="checkbox"/>
Yes	No			
<input type="checkbox"/>	<input type="checkbox"/>			

SIGNED: _____

DATE: _____