



**DRESSAGE JUDGING EXPERIENCE**

NO.	DATE	VENUE	TEST NO.	NO. OF STARTERS
1.				
2.				
3.				
4.				
5.				
6. min				

**REGIONAL JUDGES SEMINAR(S) ATTENDED:**

.....

.....

**JUDGES TRAINING SESSION(S) ATTENDED:**

.....

.....

**ADDITIONAL EXPERIENCE/COMMENT:**

.....

.....

.....

.....

**I PASSED TO LIST:** \_\_\_\_\_

**ON:** \_\_\_\_\_  
(Month/Year)

**SIGNED:** \_\_\_\_\_

**SURNAME:** \_\_\_\_\_  
(Block Caps)

**This form must be sent to the office with your CV application.**

**Please note: for current Trainee & List 6 Judges only, where possible your 6 classes should be affiliated, however unaffiliated will also be considered at this level. All other Lists from 5, **MUST** be affiliated.**