



### TRAINEE JUDGES FORM

NAME: .....

ADDRESS: .....

.....

Daytime Tel No: ..... British Dressage Membership No: .....

**THIS FORM IS VALID FROM:** \_\_\_\_\_ **UNTIL:** \_\_\_\_\_

#### JUDGE TRAINING SESSION(S)

DATE	VENUE	SIGNATURE OF MASTER JUDGE

#### JUDGE REGIONAL SEMINAR(S)

DATE	VENUE	SIGNATURE OF MASTER JUDGE

**PLEASE SEND THIS FORM INTO THE BRITISH DRESSAGE OFFICE  
IN ADVANCE OF YOUR TESTING DATE**