



2205 Victoria Avenue, Regina, SK S4P 0S4

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www.saskhorse.ca

PROVINCIAL JUDGES CERTIFICATION

SHADOW JUDGING

Name: _____ SHF #: _____

Address: _____

City: _____ PC: _____

Phone: _____ Fax: _____

Email: _____

Name of Show: _____

Date & Location: _____

Show Contact Person: _____

Phone: _____ Fax: _____

Address: _____ PC: _____

Type of Show: (check appropriate)

A) General

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Open | <input type="checkbox"/> Western |
| <input type="checkbox"/> English | <input type="checkbox"/> Dressage |
| <input type="checkbox"/> Hunter / Jumper | <input type="checkbox"/> Driving |
| <input type="checkbox"/> Heavy | |

B) Discipline: (specify) _____

C) Breed: (specify) _____

Name of Judge: _____

Phone: _____ Fax: _____

Address: _____ PC: _____

Signature of Senior Judge: _____ Date: _____

Additional Comments: _____

Return completed forms to:

The Saskatchewan Horse Federation

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