



EQUINE CANADA  
COMPETITION OFFICIALS APPROVAL FORM



**This form is to be completed, signed and returned to the provincial office at least 3 months prior to the competition.**

Name of Competition: \_\_\_\_\_

Competition Date(s): \_\_\_\_\_ Class: \_\_\_\_\_

Competition Location Address: \_\_\_\_\_

**COMPETITION OFFICIALS**

**JUDGE (S)**

**DIVISIONS TO BE JUDGED**

**EC/USEF/OTHER**

(List all Divisions)

(Indicate Credentials)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GUEST CARDS** - \$30/EA PAYABLE TO PSO – Request forms must accompany this form

_____	_____	_____
_____	_____	_____
_____	_____	_____

**COURSE DESIGNER (S)**

**COURSES TO BE DESIGNED:**

_____	_____
_____	_____
_____	_____

**STEWARD (S)/ TECHNICAL DELEGATE (S)**

_____	_____
_____	_____

**GROUND JURY** (MUST be completed for Eventing Competitions)

President: \_\_\_\_\_ Member: \_\_\_\_\_

Member: \_\_\_\_\_

**VETERINARIAN**

NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_