



Saskatchewan Horse Federation

JUDGE UPGRADING RECORD SHEET

Name of Judge: _____

Phone: _____

Email: _____

SHF #: _____

Clinician: _____

Location: _____

Description of Clinic: _____

Hours of Attendance at Clinic: _____

I, _____ do hereby certify that:

_____ has completed _____ hours under my
instruction as stated above.

Date

Signature

Return signed form to:

2205 Victoria Avenue
Regina, Saskatchewan S4P 0S4
(306)780-9490 Ph (306)525-4009
www.saskhorse.ca sk.horse@sasktel.net