

## **Judges & Stewards Commissioner**

6030 Greenwood Plaza Blvd, Suite 100 Greenwood Village, CO 80111-4925

Phone: (303) 696-4539

E-mail: <u>Judges.Stewards@arabianhorses.org</u>

## <u>APPLICATION – SPORT HORSE SPECIALTY CERTIFICATION</u>

Name	AHA Member id#				
Address	City/State/Zip				
Email					
$\ \square$ \$50 application fee – credit card or	check – see page 3				
Eligibility: An applicant must be a current US requirements met, and on the AHA List of Appreceived any USEF/EC or AHA disciplinary actions.	proved Judges. In addition, the	e applicant must not have			
<b>PART A: Requirements to Enroll in Training I Note:</b> Documentation can be in the form of U attached to or included with this form. A type	JSEF or AHA competition record	•			
A1: Required Regional Level or Above Competition  1. Have documented competition record with handler to a minimum of a minimum of a minimum of or a. Sport Horse Under Saddle or Sport b. Sport Horse In-hand	hin the past 10 (10) years as a ne (1) Top 5 placing at the region				
Name of <u>USEF/EC Licensed</u> /AHA Recognized Competition or Open Competition	Date	Class/Placing			
A2: Required USEF/EC Dressage or Hunter Of  1. A minimum of one (1) documented Dress trainer is required.; level, score and fence welcome to include documented experies a. Dressage 2 <sup>nd</sup> Level - 60% or higher, or competitions. b. Hunter Over Fences – 2'6" or higher,	sage Score or Hunter Over Fence heights required are listed be nce in any of the other sport he pen USDF/USEF/EC Dressage of	ces participation as a rider or low. Applicants are also orse disciplines. r USEF/EC Arabian /EC Arabian competitions			
Name of USDF/ <u>USEF/EC Licensed</u> /AHA Recognized Competition or Open USEF/EC Competition	Date	Class/Placing			

## A3: Scribing Requirement and Additional Information

1. The applicant must have scribed for a minimum of eight (8) hours actual scribing time (does not include breaks) at Federation/EC licensed DSHB competition(s) or for Arabian Sport Horse in-hand classes at AHA approved shows within the last five (5) years. Experience scribing both Hunter Type and Dressage Type classes is encouraged. You may submit the Excel spreadsheet or list the scribing hours here. Please be sure to include the classes scribed (Training – Second and any higher).

Name of <u>USEF Licensed</u> /AHA Recognized Competition or Open Competition	Date	Open Division Judge you scribed for	Classes Scribed	Hours Scribed

2.	List	t any additional educational efforts accomplished pertaining to sport horse classes.
3.	List	t any other information you feel is pertinent to this application.
Αp	prov	val to Continue in Training Program
	1.	Information in Parts A1, A2, and A3 will be verified <u>before approval to participate in the</u> <u>Training Program</u> is granted by the J&S Commissioner. Notification of approval to continue will be sent to the applicant, along with additional information and forms.
	2	be sent to the applicant, along with additional information and forms.  Any apprentice work completed prior to approved into the training program will supplement, but

2. Any apprentice work completed prior to approval into the training program will supplement, but does not replace, the required Training Program apprentice experiences.

3. The applicant has three (3) years after approval into the program to complete the apprentice requirements and participate in all sessions of the Arabian Sport Horse Specialty Seminar, including a final evaluation.

Signature ...... Date ......

See the following page for payment information.

## **SPORT HORSE SPECIALTY APPLICATION PAYMENT - \$50.00**

If you are using a credit card, please fax all pages of the application to

Name: \_\_\_\_\_AHA #: \_\_\_\_\_

АНА	at (303) 696-4599 <u>or</u> fax the paymen We recommend that credit ca				S Office.
	Funds Only) sed to cover the cost of acceptance for electro  Check (Payable to AHA)	' '	nis fee is not a □ ACH	applicable if the pay □ Credit Card	ment is by cash, check, money Total Amount Due \$
ACH Information: Account Type: □	Savings □ Checking Bank Routing #:		Bank	Acct #:	
Credit Card#				\$	
Print Name as it appears on CC	Name:			•	

CVV

Signature

Exp Date

Credit Card Billing Address (include zip)