JUDGES APPLICATION FORM

I hereby apply for approval as a judge of cutting horse contests and shows approved or conducted by the American Cutting Horse Association. I further agree to abide by and be bound by the By-Laws and Rules of the American Cutting Horse Association. I understand that ACHA judge approval is a privilege and not a right, and that such approval may be terminated at any time by the procedures provided in the Association Rules.

I am at least 21 years of age. I am an active member of the American Cutting Horse Association. I have no record of suspension, probation or reprimand by any Cutting Horse Association. I have been an active competitor and have won a lifetime minimum of \$50,000 or more, excluding Aged Events.

APPLICANT			
(please print)			
NAME		ACHA MEMBERSHIP#	
ADDRESS			
CITY	STATE	ZIP	
TELEPHONE# DAY()	NIGHT ()		
ACHA MEMBER SINCE	DA1	DATE OF BIRTH	
PERSONAL INFORMATION			
Married or Single	Spouse's Name		
Primary Occupation	Secondary Occupa	ition	
Education:			
High School	College or Univers	sity	
Are you a member of any other loca	l or state equine association _		
If so, give name(s) of association(s)_			
Have you ever held an office in a sta	te or local equine association	?	

Date
on and hereby endorse the Applicant as a
Date
utting horse?

Limited Age Events \$	

Please list horse's names and dates shown:

Have you ever owned a cutting horse, or do you now own one?

If yes, name of horse and class shown in:	
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Signature ______Date_____Date_____