



JUDGES COMPLAINT FORM

All blanks must be filled out prior to being submitted to the Judges Committee

ACHA Affiliate conducting show: _____

Show location: _____ Date of show: _____

Show Secretary: _____ Judge or Judges: _____

Person filing protest: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number of person filing protest: _____

Class involved in protest: _____

Draw number(s) for entry(s) to be reviewed by Judges Committee: _____

Major penalty(s) or rule violation(s) involved with above entry(s): _____

Further explanation of complaint (use reverse side if necessary):

Signature of plaintiff: _____ Date: _____

This document is confidential and will be used only for review by the Judges Committee. Present this form to the show secretary with a check payable to the ACHA for \$50.00 or mail the form and check directly to the ACHA, P.O. Box 2443, Brenham, TX 77834

OFFICE USE ONLY

This protest was ruled: _____ valid _____ not valid. The \$50.00 fee _____ will _____ will not be refunded.

Signature of Judges Committee representative _____ Date _____