THE AMERICAN MINIATURE HORSE ASSOCIATION, INC.
5601 S Interstate 35 W • Alvarado, Texas 76009
(817) 783-5600 • FAX (817) 783-6403
http://www.amha.org

REFERENCE FORM FOR PROMOTION TO AMHA SENIOR JUDGE

Name of Applicant: _____

The person listed above has applied for promotion to Senior Judge with the American Miniature Horse Association, Inc. and has requested that we contact you as a reference with regard to his/her judging qualifications. We would appreciate your taking the time to complete and return this form; the applicant's status will remain pending until you have done so.

In addition to answering the following questions, your own comments would be appreciated. Please be assured that your reply will be kept confidential and placed in the applicant's file and reviewed by the AMHA Licensed Officials Committee. Thank you for your time and consideration in supplying the information herein.

Circle One Number to Indicate Your Rating:

#0-I do not know	#3-Good
#1-Excellent	#4-Fair
#2-Very Good	#5-Poor

A. Dependability upon accepting							
A judging commitment		0	1	2	3	4	5
B. Professionalism in:							
Appearance		0	1	2	3	4	5
Conduct		0	1	2	3	4	5
Dealing with Exhibitor		0	1	2	3	4	5
Understanding Rules & Regulations		0	1	2	3	4	5
Ability to render a fair and Impartial decision		0	1	2	3	4	5
C. Expertise in judging conformation classes:							
Standard of Perfection		0	1	2	3	4	5
Stock-Type		0	1	2	3	4	5
D. Performance Horses:							
Hunter/Jumper		0	1	2	3	4	5
Driving:	Pleasure Classes	0	1	2	3	4	5
	Carriage	0	1	2	3	4	5
	Roadster	0	1	2	3	4	5
Obstacle		0	1	2	3	4	5
Showmanship		0	1	2	3	4	5

How well do you know the applicant?

___Not at all ___Name only ___Slightly ___Very well

I am an:

AMHA Member: ___Yes ___No

AMHA Judge: ___Yes ___No

Other Breed Judge: ABRA _____ PHBA _____ USA Eq _____
APHA _____ PtHA _____ Other _____

ApHA _____ IBHA _____ _____

AQHA _____ POAC _____ _____

Show Manager: ___Yes ___No

Show Steward: ___Yes ___No

Please let us know why you think this applicant should be granted an AMHA Judging Card

_____

_____

_____

_____

_____

Signature:_____Date:_____

_____
Printed Name

_____
Address State Zip

_____
Phone # Cell # email address

This is a confidential report which must be completed and sent directly to the American Miniature Horse Association by the person signing this report. Unsigned references will not be considered.

Thank you for your assistance.

PLEASE COMPLETE AND RETURN THIS FORM WITHIN TEN (10) DAYS TO THE ADDRESS ON THE FRONT OF THIS FORM, Attn: LOC Department, email to val@amha.org