

Applicant's Name:

Application form: Development Program, General Performance and Western Judges

145 Pacific Avenue, Winnipeg, MB R3B 2Z6 Phone: 204-925-5719 email: mhc.exec@sportmanitoba.ca www.manitobahorsecouncil.ca



Annual submission deadline: April 1

Date: ____

| Applicant's Information: Applicants must be at least 18 years of age and a current member |
|--|
| of Manitoba Horse Council. Please include the \$21.00 (includes GST) processing fee with this application. |
| Payment will be processed upon receipt of the application. |
| |

| Street Address: | | | | | | | |
|--|--|--------------|--------------------------------------|------------|---------|--|--|
| City: | | Province: | | Post Code: | | | |
| Primary Phone: | | Secondary pl | none: | | | | |
| Email: | Email: MHC membership # (required) | | | | | | |
| Categories: (check creden | Judge: | General | Performance | Western | | | |
| Existing credentials obtained: All information detailed below will be verified with the issuing association. Please list all competition official credentials currently held, relevant to the Provincially Approved Official credential sought. | | | | | | | |
| Carding body (ie AQHA, EC, etc | Certification (ie jumper judge, dressage judge, etc | | Level (ie Recorded, Senior | | rs held | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Official experience: List the names, dates of competitions officiated at within the last 12 months. Include any additional assignments or training of special importance, including Officials clinics attended. Use separate sheet if necessary.)

| Date | Event | Details |
|------|-------|---------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| General experience: Give your experience as an owner, breeder, trainer instructor or competitor relevant to the postion applied for. (Use separate sheet if necessary.) | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ALL APPLICANTS PLEASE:

- complete this application;
- submit a Mentoring Form;
- Submit two letters of recommendation from members of the equestrian community who are qualified/ knowledgable in the divisions you have requested. At least one of the references must be provided by a certified official (MHC or EC).

ALL APPLICANTS:

- Must attend a judging clinic hosted by a provincial organization or Equestian Canada in the discipline selected.
- Must pass the discipline exam with a passing grade of 80% or higher. For a copy of the appropriate exam please contact mhc.exec@sportmanitoba.ca.

Declaration:

I hereby apply for accreditation in Manitoba Horse Council's Provincially Approved Officials Program. I understand that accreditation as a Provincially Approved Official is a privilege bestowed by Manitoba Horse Council on indiviuals whose equestrian experience and personal character merit the honour. A a competition official, I shall conduct my duties with honesty, fairness and impartiality under the guidance of the rules for that particular division. My conduct and ability as an official must be exemplary and is subect to continual review. I understand that the designation is revocable by Manitoba Horse Council's Selection Committee.

I hereby consent to the use and disclosure of my personal information, including my name, phone number.

| qualifications, or email | | , , | | | • | |
|---|--|---|-------------|--------------|-----------------|--|
| Listing on Manitoba Ho | | s Provincial Official address and/or | | phone number | | |
| Signed: | | | Print Name: | | | |
| Date: | | | | | | |
| Please enclose processing fee of \$21.00 (\$20.00 + \$1.00 GST) in the form of: | | | | | | |
| ☐ Cheque | | Mastercard | | Visa | GST # 124207275 | |
| Card Number: | | | Expiry Date | : | CVV: | |
| Name on card: | | | | | | |
| Signature: | | | | | | |
| | | | | | | |