

JUDGES ASSESSMENT APPLICATION.

NAME:.....

M/SHIP NUMBER:.....

JUDGING SCHOOL LOCATION:.....

DATE.....

JUDGING HISTORY: *(PLEASE LIST A MINIMUM OF FIVE).*

	DATE	LOCATION	EVENT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I BELIEVE THE ABOVE APPLICANT TO BE READY TO BE ASSESSED TO BECOME AN ACCREDITED OPEN JUDGE OF THE SOUTHERN CAMPDRAFT ASSOCIATION.

I AM CURRENT FINANCIAL MEMBER OF THE SOUTHERN CAMPDRAFTING ASSOCIATION:

NOMINATED:.....

M/SHIP NUMBER:.....

SECONDED:.....

M/SHIP NUMBER:.....

SIGNITURE OF APPLICANT:.....