



American Buckskin Registry Association, Inc.

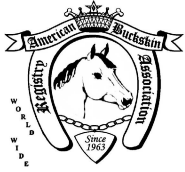
1141 Hartnell Ave. - Redding, CA 96002-2113 (530) 223-1420

BECOMING AN APPROVED ABRA JUDGE

The following format is designed to help explain the process of becoming an approved **AMERICAN BUCKSKIN REGISTRY ASSOCIATION** judge.

1. All approved judges and judge applicants must be current individual members of ABRA.
2. You must be 25 years of age as of January 1 of application year.
3. All applications must be received prior to July 1 of application year.
4. When your application is received in the office, a file is set up, and letters written to each reference you have supplied. In addition, a letter is sent to the directors in your state requesting their evaluation of your judging abilities.
5. When you apply for a judge's card, it is suggested you telephone your reference people and urge them to return their evaluations as soon as possible. All references must be returned to ABRA office **PRIOR TO OCTOBER 1** of the same year. Your file will be reviewed at the annual meeting in November for consideration by the Judges Committee and Board of Directors.
6. An incomplete file cannot be presented to the committee for consideration. File on applicant not completed by October 1 of application year will not be accepted.
7. Upon approval or disapproval, you will be notified by letter from the ABRA office.
8. If approved, it is a requirement that all ABRA judges attend the International Equine Judges Seminar at the Color Breed Council in Oklahoma City every three (3) years.
9. If your application is rejected. After two (2) years from the date of rejection, you may resubmit an application (with a second non-refundable fee) for consideration by the Judges Committee and Board of Directors.
10. Return completed application along with a recent photograph of yourself in what you would consider appropriate dress to judge a show, a \$50.00 filing fee and \$15.00 membership fee (all non-refundable).
11. Make sure that you **TYPE OR PRINT** all information legibly. Any application that is incomplete, including addresses, zip codes, phone numbers or email, will not be accepted. We suggest that you contact the ABRA Office to see that all references have responded.

A Non-Profit Organization



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- JUDGE'S APPLICATION FORM -

\$50.00 Fee (Non-refundable) and a recent picture (passport size please).

\$15.00 Membership Fee (Non-refundable). *Foreign funds must be received in the form of a Cashier's Check or Money Order. All Funds US.*

Full Name _____ Maiden or Nicknames _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____ Home Ph. (____) _____

Email Address: _____ Cell Phone (____) _____

Occupation _____ Employer _____

Employer's Address _____ Phone No. (____) _____

Secondary Occupations _____

I have judged approximately _____ (number) shows.

Have you previously held an ABRA Judge's card? _____ If yes, indicate year _____.

Why did it expire? _____

Why do you want to be a Buckskin judge? _____

List all recognized Horse Breed Associations or Horse Show Associations in which you are an approved judge and list the date of approval and whether or not this approval is current. (PLEASE SPELL OUT THE ASSOCIATION NAME, FOLLOWED BY THE ABBREVIATION. THANK YOU.)

<u>Association</u>	<u>Date of Approval</u>	<u>Current Status</u>	<u>Clinic</u>	<u>Date/Location</u>

List major shows you have judged for other associations and/or organizations:

List experience you have had with Buckskin Horses _____

List experience you have had with other horse breeds _____

List Buckskin Associations of which you are a member and offices or committee appointments that you have held

EVENTS - Please check any events listed below that you **DO NOT** feel completely qualified to judge:

- | | | |
|--|---|--|
| <input type="checkbox"/> Bareback Equitation | <input type="checkbox"/> Jumping | <input type="checkbox"/> Trail Horse |
| <input type="checkbox"/> Barrel Racing | <input type="checkbox"/> Keyhole | <input type="checkbox"/> Western Horsemanship |
| <input type="checkbox"/> Calf Roping | <input type="checkbox"/> Longe Line | <input type="checkbox"/> Western Pleasure |
| <input type="checkbox"/> Cutting | <input type="checkbox"/> Pleasure Driving | <input type="checkbox"/> Western Riding |
| <input type="checkbox"/> Dun Factor | <input type="checkbox"/> Pole Bending | <input type="checkbox"/> Working Cowhorse |
| <input type="checkbox"/> Equitation Over Fences | <input type="checkbox"/> Reining | <input type="checkbox"/> Working Hunter |
| <input type="checkbox"/> Halter | <input type="checkbox"/> Showmanship at Halter | <input type="checkbox"/> Working Ranch Horse |
| <input type="checkbox"/> Hunt Seat Equitation | <input type="checkbox"/> Stake Race | |
| <input type="checkbox"/> Hunter Hack | <input type="checkbox"/> Steer Daubing | |
| <input type="checkbox"/> Hunter Under Saddle | <input type="checkbox"/> Steer Roping | |
| <input type="checkbox"/> In-Hand Trail | Heading | |
| | Heeling | |
| | Steer Stopping | |

If you have checked any of the above, please explain _____

TYPE OR PRINT CLEARLY. REFERENCES WITH INCOMPLETE INFORMATION WILL NOT BE ACCEPTED.

RECOMMENDATIONS - Give FULL NAME and COMPLETE ADDRESS of 4 persons familiar with your qualifications. These persons must be on the approved judges' list of the ABRA (or AQHA, PtHA, APHA, etc.) Preferably, list ABRA who HAVE SEEN you judge.

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

SHOW MANAGEMENT REFERENCES - List below names, dates and breed of shows you have judged. Please give COMPLETE ADDRESS of Show Manager and/or Secretary who can be contacted for a reference.

Date _____ Location _____
 Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Date _____ Location _____
 Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Date _____ Location _____
 Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Date _____ Location _____
 Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

TYPE OR PRINT CLEARLY. REFERENCES WITH INCOMPLETE INFORMATION WILL NOT BE ACCEPTED.

Give FULL NAME and COMPLETE ADDRESS of 4 additional references of persons who **HAVE SEEN** you judge Horse Shows:

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Name _____
 Phone (_____) _____
 Email _____
 Address _____

 City State Zip Code

Please read the following statement carefully:

The enclosed information is accurate and true to the best of my knowledge. It is my full understanding that any inaccuracies or discrepancies will be considered by the Judges Committee as unfavorable to my application. It is further my understanding that the designated authorities of the ABRA have the right to accept or deny this application as well as the full right that, if accepted, they may withdraw my name from the approved ABRA Judges list at any time. Acceptance or rejection or removal by the ABRA of my application for an ABRA Horse Show Judge or of me as an ABRA Judge will not be challenged by me.

Enclosed with this application is a \$50.00 fee (non-refundable), a recent passport size picture of myself, and \$15.00 fee for membership application (also non-refundable). Foreign funds are sent in the form of a Cashier's Check or Money Order. All Funds are US.

Dated: _____

Signature

TYPE OR PRINT. PLEASE MAKE SURE ALL INFORMATION IS LEGIBLE AND ADDRESSES OF YOUR REFERENCES ARE COMPLETE INCLUDING PHONE, Email & ZIP CODES. APPLICATIONS THAT ARE NOT COMPLETE OR LEGIBLE WILL NOT BE ACCEPTED.