



EQUINE CANADA
COMPETITION OFFICIALS APPROVAL FORM



This form is to be completed, signed and returned to the provincial office at least 3 months prior to the competition.

Name of Competition: _____

Competition Date(s): _____ Class: _____

Competition Location Address: _____

COMPETITION OFFICIALS

JUDGE (S)

DIVISIONS TO BE JUDGED

EC/USEF/OTHER

(List all Divisions)

(Indicate Credentials)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GUEST CARDS - \$30/EA PAYABLE TO PSO – Request forms must accompany this form

_____	_____	_____
_____	_____	_____
_____	_____	_____

COURSE DESIGNER (S)

COURSES TO BE DESIGNED:

_____	_____
_____	_____
_____	_____

STEWARD (S)/ TECHNICAL DELEGATE (S)

_____	_____
_____	_____

GROUND JURY (MUST be completed for Eventing Competitions)

President: _____ Member: _____

Member: _____

VETERINARIAN

NAME: _____ Phone: _____

Address: _____

Name: (please print) _____ Title: _____

Signed: _____ Dated: _____