

DRESSAGE IRELAND



TRAINEE JUDGES FORM

FORM K

NAME:

ADDRESS:

.....

Daytime Tel No: DI Membership No:

THIS FORM IS VALID FROM: _____ **UNTIL:** _____

JUDGE TRAINING SESSION(S)

DATE	VENUE	SIGNATURE OF MASTER JUDGE

JUDGE REGIONAL SEMINAR(S)

DATE	VENUE	SIGNATURE OF MASTER JUDGE

**PLEASE SEND THIS FORM TO THE DRESSAGE IRELAND OFFICE
IN ADVANCE OF YOUR TESTING DATE**