

HORSE COUNCIL BRITISH COLUMBIA



27336 Fraser Highway Aldergrove BC V4W 3N5

Phone: 604-856-4304 Toll Free: 1-800-345-8055

competition@hcbc.ca

Horse Council BC Provincial Recognized Official Shadow Judging Report Form

This form is to be used by all applicants to register their experience of officiating at competitions.

Please ensure this form is filled in accurately and legibly.

Please use one form per competition. All Report Forms are strictly confidential

- Photocopy or print two Report Forms, retain a copy for your records
- Following the competition, submit the original copy signed by the Senior Judge and Show Manager to Horse Council BC, Attention: Competition Manager. Include class lists and copies of your judge's cards
- For Shadow Judging credit, applicants must provide the Senior Judge (Mentor) with a Mentorship Form and a postage paid envelope addressed to Horse Council BC.
- Instruct your mentor to mail the completed Form in the provided envelope to Horse Council BC Attention: Competition Manager immediately following the Competition
- Remember to sign the last page of this form, unsigned forms will not be accepted

Candidate Information:

First Name: _____ Last Name _____
(please print clearly)

Email address: _____

HCBC # _____

Competition Information:

Name of Competition: _____
(please print clearly)

Date _____ Sanctioning Body _____ Total Horses _____
(d-m-year)

Was this a virtual Competition Yes No

I attended this Competition as a Shadow Judge I attended this Competition as the acting Official

****Please attach a class list and copies of the Judges' cards signed by the Senior Official you shadowed under. Unsigned Judges' cards will not be accepted. ****

HORSE COUNCIL BRITISH COLUMBIA



Please complete the following where applicable

Dressage: Number of classes judged _____ Number of days _____
Please list any specialty or miscellaneous classes judged (i.e.: Equitation, Medal, Costume)

Name of Mentor (Sr Official): _____

Please complete the following where applicable

Driving/ Combined: Number of classes judged _____ Number of days _____
Please list any specialty or miscellaneous classes judged

Name of Mentor (Sr Official): _____

Driving/ Pleasure: Number of classes judged _____ Number of days _____
Please list any specialty or miscellaneous classes judged

Name of Mentor (Sr Official): _____

General Performance/English: Number of classes judged _____ Number of days _____

Equitation English Pleasure Hunt Seat Road Hack Show Hack

Other: please list below

Name of Mentor (Sr Official): _____

HORSE COUNCIL BRITISH COLUMBIA



General Performance/Western: Number of classes judged _____ Number of days _____

Equitation Horsemanship Mountain Trail/Arena to Trail Ranch Riding

Ranch Trail Western Pleasure Other: please list below

Name of Mentor (Sr Official): _____



Gymkhana or Timed Events: Number of classes judged _____ Number of days _____

Did you act as timer: Yes No Did you use a: Stop Watch Electric Timer

Name of Mentor (Sr Official): _____

Hunter: Number of classes judged _____ Number of days _____

Please list divisions Judged:

Please list any specialty or miscellaneous classes you judged (i.e. Derby' Equitation, Medal, Model)
Please include heights

Name of Mentor (Sr Official): _____

HORSE COUNCIL BRITISH COLUMBIA



Jumper: Number of classes judged _____ Number of days _____

Please list divisions Judged

Did you act as timer: Yes No Did you use a: Stop Watch Electric Timer

Please list any specialty or miscellaneous classes you judged (i.e. Derby, Equitation, Medal, Mini Prix)
Please include heights

Name of Mentor (Sr Official): _____

Please complete the following where applicable

Breed Classes: Number of classes judged _____ Number of days _____

Please list all Breed Classes judged

Please list any specialty or miscellaneous Breed classes you judged

Name of Mentor (Sr Official): _____

HORSE COUNCIL BRITISH COLUMBIA



Mentoring Official Information:

First Name: _____ Last Name _____
(please print clearly)

Email address: _____

Phone # _____

HCBC # _____ EC # _____ Credentials _____

Signature of Mentor: _____ Date _____
(d-m-year)

Show Manager Information:

First Name: _____ Last Name _____
(please print clearly)

Email address: _____

Phone # _____

Signature of Show Manager: _____

Date _____
(d-m-year)

Signature of Applicant _____

Date signed _____
(d-m-year)

****Please Note: Unsigned forms will not be accepted. ****

Please Mail to:
Competition Manager
Horse Council BC 27336 Fraser Highway Aldergrove V4W 3N5
Email: competition@hcbc.ca

Office use only

Date received