

Wisconsin Horse Council Judges Evaluation Form

HORSE COUNCIL												
Show or SponsorAddress of Show							Name of JudgeAddress of Judge					
N. d. D. H. d.			Circle Your Rating on the Judge for the Following Areas:									
	Not Judged	Excelle 10	nt 9	Good 8	7	Satisfa 6	ictory 5	4	air 3	2 P	oor 1	
Western	ouugeu	10						•				
Showmanship	NJ	10	9	8	7	6	5	4	3	2	1	
Horsemanship	NJ	10	9	8	7	6	5	4	3	2	1	
Performance	NJ	10	9	8	7	6	5	4	3	2	1	
Comments	110	10		O	,	Ü	J	•	5	-	•	
Hunter												
Showmanship	NJ	10	9	8	7	6	5	4	3	2	1	
Equitation	NJ	10	9	8	7	6	5	4	3	2	1	
Performance	NJ	10	9	8	7	6	5	4	3	2	1	
Over Fences	NJ	10	9	8	7	6	5	4	3	2	1	
Comments	1.0	10		Ü	,	Ü	Ü	•		_	-	
Saddle Seat												
Showmanship	NJ	10	9	8	7	6	5	4	3	2	1	
Equitation	NJ	10	9	8	7	6	5	4	3	2	1	
Performance	NJ	10	9	8	7	6	5	4	3	2	1	
Ranch	1.0	10		Ü	,	Ü		•		_	-	
Performance	NJ	10	9	8	7	6	5	4	3	2	1	
Pattern	NJ	10	9	8	7	6	5	4	3	2	1	
Comments												
Gaited												
Equitation	NJ	10	9	8	7	6	5	4	3	2	1	
Performance	NJ	10	9	8	7	6	5	4	3	2	1	
Comments	110	10		O	,	Ü	J	•	5	-	•	
Driving	NJ	10	9	8	7	6	5	4	3	2	1	_
Comments												
Conformation	NJ	10	9	8	7	6	5	4	3	2	1	
Comments												
Trail	NJ	10	9	8	7	6	5	4	3	2	1	
Comments												
Reining Comments	NJ	10	9	8	7	6	5	4	3	2	1	
The judge dem	onstrated th	ne ability	y to wo	rk well with	h youtl	h and/or e	xhibitors	, and use	d good, p	ositive c	ommunicati	on skills.
		10	9	8	7	6	5	4	3	2	1	
		nowledg	e of 4-	H rules, Wl	HC rul	es, and or	r breed, v	where the	y apply a	ind made	decisions,	which reflected
fairness and im	partiality.											
		10	9	8	. 7	6	5	4	3	2	1	
			nalism –	being on	time, f	ulfilling e	lements	of the co	ntract, be	having ir	a professi	onal manner, and
used good time	managemen		0	0	_	_	-		_	_		
TTI : 1		10	9	. 8	7	6	5	4	3	2	1	
The judge gave	e constructi									2	1	
TT1 ' 1 1	1	10	9	8	7	6	5	4	3	2	1	
The judge dem	ionstrated c		-	-		(_	4	2	2	1	
		10	9	8	7	6	5	4	3	2	1	
FOR RATING	S BELOW	5, PLEA	ASE MA	AKE COM	MENTS	S						
The signatures	of 2 show	committ	ee mem	nbers are rea	quired.							
Name				Naı	ne_						_	
Phone #				Ph	one #							

Please complete and return within 30 days of show. **Original should be sent to**: WHC 121 S. Ludington Street, P.O. Box 72 Columbus, WI 53925-1516 Ph: 920-623-0393. **Copy** may be retained by the show chairperson. Rev. 10/25