

YAKIMA VALLEY TEAM PENNING CLUB

P.O. Box 3091, Union Gap, WA 98901

Self- Rating Form

Appeal Form

Name _____ Phone _____ Birthdate _____

Address _____ City _____ State _____ Zip Code _____

All new members and/or inactive members will be watched by the Rating Committee at their first two pennings to make sure each rider is rated properly.

Please complete this form as accurately as you can and return to the above-referenced address or to a Board member.

HORSE ABILITY (v)	PENNING ABILITY (v)	PENNING SUCCESS (v)
___1. Beginner	___1. None	___1. None
___2. Below Average	___2. Local Level	___2. Some wins at local level
___3. Inconsistent	___3. Shows Potential	___3. Wins consistently at local level
___4. Average	___4. Average	___4. Some wins at Regional level
___5. Above Average	___5. Above Average	___5. Wins consistently at Regional level
___6. Exceptional	___6. Exceptional	___6. Wins at National Level
RIDING ABILITY (v)	PENNING EXPERIENCE (v)	ACCESS TO PARTNERS (v)
___1. Beginner	___1. No Experience	___1. Struggles to find teams
___2. Recreational rider	___2. Local Level	___2. Able to get NOV teams
___3. Average	___3. Some Experience	___3. Able to get AM teams
___4. Experienced	___4. Travels	___4. Frequently asked for PAN teams
___5. Above Average	___5. Experienced	___5. Able to get OPEN teams
___6. Exceptional	___6. Very Experienced	___6. Obtains teams easily

Have you team penned before _____, if so how many years _____

List all penning clubs you have been a member of in the last 10 years:

1. _____ Rating _____
2. _____ Rating _____
3. _____ Rating _____

Do you travel outside your home area for team penning shows? ____ If so, how often _____ and where _____

What other horse events have you competed in within the last 10 years:

Please list arenas where you ride at on a regular basis:

Are you as a rider able to adjust your riding skills to those of your partners? _____

Are you comfortable only on your horse? _____ Are you able to ride others as well? _____

Advantages: ____ Horse Trainer; ____ Rancher; ____ Clinician; ____ Cutter/Working Cow
____ Feedlot; ____ Rodeo Events, if so what event _____

____ Attends Team Penning Clinics, if so, _____ (Instructor)

Disadvantages: ____ Physical Handicap, if so explain: _____

____ Over 60–Under 16; ____ Limited Physical Ability, if yes explain: _____

What do you think that you should be rated? _____

YVTPC Ratings: Open (6-5) Amateur (4-3) Novice (2-1)

*****Note:** If you self-rate yourself two numbers lower than you are rated by the Rating Committee, you and your team will forfeit any monies and prizes won at that event and all points earned will be lost.

Signature: _____ **Date:** _____

FOR RATING COMMITTEE ONLY

RATINGS: Received Date: _____ Rating Upheld: _____ Notified Rider: _____

Comments: _____

Initials: _____

APPEALS: Received Date: _____ Rating Upheld: _____ Rating Adjusted to: _____

Notified Rider: _____ Comments: _____

Initials: _____