



# Dressage Technical Delegate Training Program

Documentation of Experience

Competition name: \_\_\_\_\_ Competition #: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
City, State

Competition Official: \_\_\_\_\_

This is to confirm that \_\_\_\_\_ Member # \_\_\_\_\_ served in the following  
Name

capacity at the above listed competition:

	# Days	# Hours	Date
<input type="checkbox"/> Organizing Committee	_____	_____	_____
<input type="checkbox"/> Competition Manager	_____	_____	_____
<input type="checkbox"/> Assistant Manager	_____	_____	_____
<input type="checkbox"/> Secretary	_____	_____	_____
<input type="checkbox"/> Assistant Secretary	_____	_____	_____
<input type="checkbox"/> Scoring	_____	_____	_____
<input type="checkbox"/> Scribing	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Describe duties:

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Signature of competition official .....

Title ..... Date .....