Dressage Sport Horse Breeding
Verification of Scribing/Observing/Apprenticing

Name of Applicant: …… Member ID: ……

Name of Presiding Judge: …… Member ID: ……

Competition Name: ……..

Competition ID: …….. Location and Date: ……..

Class Name	**Number of Entries**	**Number of Hours**	**Observed/Scribed/Apprenticed** (select one)

I hereby verify that the applicant observed/scribed/apprenticed the above number of tests with me.

Signature of Presiding Judge: …… Date: ……

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