



OHIO INTERSCHOLASTIC HORSEMANSHIP ASSOCIATION

JUDGE'S CONTRACT

JUDGE INFORMATION

JUDGE'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____

FEE: _____ MILEAGE: _____

SHOW INFORMATION

SHOW DATE AND TIME: _____

(Please arrive approximately 30 minutes prior to start time)

SHOW LOCATION: _____

CITY: _____ STATE: _____ ZIP: _____

Beverages and lunch will be provided by the show committee

Please sign, date, and return one copy of this contract by _____ and retain the other copy for your records. We must receive your signed acceptance by this date; otherwise, our verbal agreement for you to judge the show will be cancelled and we will make other arrangements for judges.

JUDGE'S SIGNATURE: _____

DATE: _____

SHOW MANAGER: _____

DATE: _____ PHONE NUMBER: _____

Rulebook and patterns can be accessed at oiha.org. Please call if you have any questions.