

Guest Judge Application

Name of Show:	
Date of Show:Lo	ocation of Show:
Name of Show Manager:	
Contact Information for Show Manager	: Home Phone:
Cell Phone:	Email:
Why are you requesting a Guest Judge f	For your show?
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	Cell Phone:
Email:	
Other Experience/Information:	
Name and Contact Information for 3 Re	ferences for Guest Judge:
1)	
	Application Date:

Send completed form along with \$100 fee to: National Walking Horse Association P.O. Box 7111

Jacksonville, NC 28540

859-252-6942; office@nwha.com