

**Welsh Pony & Cob Society of Canada**  
**Application for Judges' Program**



Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

WPCSC Membership Number (if applicable): \_\_\_\_\_

Please list your qualifications as they relate to the requirements of this program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Please write a few words telling us why you wish to become a Welsh Judge

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_