



**P.O. BOX 33790 Raleigh, NC 27636**

NCHJA Learner Judge Evaluation Form

To be filled out and returned to the NCHJA office by the official:

Name of applicant:

NCHJA Number of applicant:

Please Answer yes or no. If no, please give a brief explanation.

In my opinion, the Judge applicant has the ability to represent the NCHJA in a professional manner and understands their responsibility to the NCHJA association.

In my opinion, the judge applicant is knowledgeable of the rules of the NCHJA.

In my opinion, the judge applicant is capable of making unbiased and educated decisions.

In my opinion the judge applicant has the experience needed to be granted a judges card by the NCHJA LOC committee.

In my opinion the judge applicant has the knowledge and background needed to be granted a judges card by the NCHJA LOC committee.

Please sign, date and include your NCHJA # and /or USEF #:

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