

NORTH AMERICAN TRAIL RIDE CONFERENCE
JUDGE'S CONTRACT

This section to be filled out by management:

RIDE NAME _____ LOCATION _____ DATE _____

TYPE: AA _____, A _____, B _____. DIVISIONS: OPEN & NOV _____, OPEN ONLY _____, NOV ONLY _____, C/P _____
Management please check type & division(s) you would like judged.

RIDE LIMIT _____, DAY & TIME OF PRELIMINARY CHECK _____, DATE _____

SPONSOR _____, # YEARS EXPERIENCE AS NATRC RIDE SPONSOR _____

FACILITIES AVAILABLE: CAMPER/MOTOR HOME _____, TENT _____, HOUSE _____, OTHER _____, ELECTRICITY _____, WATER _____

ALL MEALS WILL BE PROVIDED BY MANAGEMENT. AIRPORT PICK-UP SITE _____

RIDE CHR: _____ RIDE SEC: _____

ADDRESS: _____

TELEPHONE HOME: _____ WORK: _____ TELEPHONE HOME: _____ WORK: _____

PLEASE RETURN TO _____

Name & Address

This section to be filled out by judge:

NAME _____ ADDRESS _____

TELEPHONE

HOME: _____ WORK: _____

AVAILABLE TO JUDGE YOUR RIDE: YES ___ NO ___, MAXIMUM # OF RIDERS TO BE JUDGED: _____

WILLING TO TRAIN APPRENTICE JUDGE: YES ___ NO ___. JUDGING DIV. PREFERENCE: OPEN _____, NOV _____, CP _____

NOTIFICATION TIME REQUIRED IF RIDE HAS TO CANCEL/TERMINATE CONTRACT: _____

MONETARY PAYMENT REQUIRED IN EVENT OF CANCELLATION: _____

SPEAK AT ALL BRIEFINGS: YES ___ NO ___

WORK WITH MGMT FOR SPECIAL BRIEFINGS AND PROGRAMS FOR NOVICE DIVISION : YES ___ NO ___

AVAILABLE POST-RIDE FOR DISCUSSION and/or SCORECARD ERROR, etc. with COMPETITORS AND MGMT: YES ___ NO ___

HAVE MY OWN OVERNIGHT ACCOMODATIONS: YES ___ NO ___ TRUCK/CAMPER _____ OTHER _____

WILL BRING MY OWN SECRETARY: YES ___ NO ___

NAME, ADDRESS & PHONE # OF SECRETARY, if yes to above _____

FEES: PER HORSE: \$ _____ MINIMUM REQUIRED: \$ _____ OTHER: \$ _____

WILLING TO NEGOTIATE FEES/TRAVEL EXPENSES FOR BENEFIT RIDE, ETC: YES ___ NO ___

MODE OF TRANSPORTATION: AIR _____ PRIVATE AUTO _____ OTHER _____

DO YOU WISH MANAGEMENT TO ARRANGE & PURCHASE AIR TRAVEL TICKET? YES ___ NO ___

DEPARTURE SITE _____

If arranging your own air transportation, please fill out the following:

ARRIVAL DATE & TIME _____ AIRLINE NAME _____ FLIGHT # _____

DEPARTURE DATE & TIME _____ AIRLINE NAME _____ FLIGHT # _____

ROUND TRIP COST OF TRANSPORTATION: \$ _____

ON BACK OF THIS PAGE DESCRIBE TYPE, NUMBER OF OBSTACLES, SPECIAL INFORMATION OR REQUESTS YOU MIGHT HAVE FOR MANAGEMENT.

JUDGE'S SIGNATURE: _____ DATE _____

Please complete this form and the enclosed duplicate. Keep one and return the other in the enclosed self-addressed envelope. We will Acknowledge receipt of contract by mail or telephone if terms and fees are acceptable and agreeable and within our financial framework.

THANK YOU IN ADVANCE! RIDE MANAGEMENT _____

Signature