

NORTH AMERICAN TRAIL RIDE CONFERENCE

www.natrc.org, natrc@natrc.org, 303-688-1677



JUDGES CONTRACT

This section to be filled out by management.

Ride Name _____ Location _____ Date _____

Type: AA ___ A ___ B ___ Divisions: Open & Novice ___ Open Only ___ Novice Only ___ CP ___

Management please check type & division(s) you would like judged.

Ride Limit _____ Day & Time of Preliminary Check: Time _____ Date _____

Sponsor _____ # Years' Experience as Ride Sponsor _____

Facilities Available: Camper/ RV ___ Tent ___ House ___ Other _____ Electricity ___ Water ___

ALL MEALS WILL BE PROVIDED BY MANAGEMENT. Preferred Airport Pick-Up Site: _____

Ride Chair: _____ Ride Sec: _____

Address: _____

Email: _____

Phone (H): _____ (W/C): _____ Phone (H): _____ (W/C): _____

PLEASE RETURN TO: _____

Name & Address

This section to be filled out by judge.

Name: _____ Ph (H): _____ (W): _____

Address: _____

Available to judge our ride? YES ___ NO ___ Maximum number to be judged: _____

Willing to train Apprentice Judge? YES ___ NO ___ Judging division preference: OPEN ___ NOV ___ CP ___

Notification time required if ride has to cancel/terminate contract: _____

Payment required in event of cancellation: \$ _____ Speak at all briefings? YES ___ NO ___

Work with management for special briefings and programs for Novice Division? YES ___ NO ___

Available post-ride for discussion and/or scorecard error with competitors and management? YES ___ NO ___

Have my own accommodations: YES ___ NO ___ If yes, truck/camper? ___ Other? _____

Will bring my own secretary: YES ___ NO ___ If yes, Sec. Name, Address & Phone #: _____

FEES: Per Horse: \$ _____ Minimum required: \$ _____ Other: \$ _____

Are you willing to negotiate fees and travel expenses for Benefit Ride, etc.? YES ___ NO ___

Mode of Transportation: Air ___ Private Auto ___ Other ___ Round trip cost of transportation: \$ _____

Do you wish management to arrange for and purchase your air travel ticket? YES ___ NO ___

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

Arrival Date and Time: _____ Airline Name: _____ Flight #: _____

Departure Date and Time: _____ Airline Name: _____ Flight #: _____

ON THE BACK OR ON PAGE 2, PLEASE DESCRIBE TYPE, NUMBER OF OBSTACLES, SPECIAL INFORMATION OR REQUESTS YOU 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. OR complete the interactive PDF and email back. We will acknowledge receipt of contract by mail, phone, or email if terms and fees are acceptable and agreeable and within our financial framework.

THANK YOU IN ADVANCE! RIDE MANAGEMENT _____

Signature

