



# Wisconsin Interscholastic Horsemanship Association Judge's Agreement

Judge's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Judge's Address: \_\_\_\_\_  
Street City State Zip

Judge's Phone: \_\_\_\_\_ Judge's Social Security #(optional): \_\_\_\_\_

This is to confirm our offer for you to judge the \_\_\_\_\_ to be held on \_\_\_\_\_  
Name of Competition  
\_\_\_\_\_ at \_\_\_\_\_  
Date Location

You will be responsible for judging all classes (divisions) according to the rules and regulations stated in the WIHA Handbook. The classes will begin at \_\_\_\_\_ on this day \_\_\_\_\_. Please be available 15 minutes prior to the start of the first class. Your fee, as stated in our conversation on \_\_\_\_\_ is \$ \_\_\_\_\_ for the full day of judging.  
Time Date  
Amount Date

WIHA District# \_\_\_\_\_ does not pay overtime, however, we will reimburse you for the following, should the need arise:

1. Mileage from \_\_\_\_\_ to \_\_\_\_\_ at a rate of \_\_\_\_\_ cents/mile.
2. A night's lodging, the night before the show, when traveling more than \_\_\_\_\_ miles to the show grounds.
3. Other conditions or terms: \_\_\_\_\_

If you accept this judging assignment, pursuant to the terms stated in this agreement, please sign the enclosed copy of this letter and return it to the address listed below by \_\_\_\_\_. This  
Date

agreement must be received by this date, otherwise our verbal agreement to judge the show will be cancelled and we will make other arrangements for a judge.

Judge's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the enclosed W9, along with the signed agreement.  
Enclosed are the current WIHA Rules and Regulations, also available at [www.wiha.us](http://www.wiha.us).**

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

Show Manager's Name: \_\_\_\_\_

Show Manager's Address: \_\_\_\_\_  
Street City State Zip

Show Manager's Phone: \_\_\_\_\_