

ASCA SCENT SEARCH JUDGE'S APPLICATION

Name

ASCA Membership # &/ or Affil.

Address

Email

City/State/Zip/Coutry

Phone #

Trialing Experience, level and affiliation:

Affiliation/Titled/Certified/ Re-Certified Education:

Date:

Judging Experience, level and affiliation:

How long have you been judging?

Approximately how many assignments do you judge per year?

Dogs you have titled (List highest titles only):

#1

Dogs Name

Breed

Registration # & Affiliation

Titles / Scent Detection Type

Registration # & Affiliation

Titles / Other Titles Earned

#2

Dogs Name

Breed

Registration # & Affiliation

Titles / Scent Detection Type

Registration # & Affiliation

Titles / Other Titles Earned

Name _____ ASCA Membership # &/ or Affil. _____

#3 _____
Dogs Name _____ Breed _____

Registration # & Affiliation _____ Titles / Scent Detection Type _____

Registration # & Affiliation _____ Titles / Other Titles Earned _____

Trial Chairperson Experience for odor related trials:

#1 _____
Club _____ Date _____

Judge _____ Level & Element _____

#2 _____
Club _____ Date _____

Judge _____ Level & Element _____

Judges Steward Experience:

#1 _____
Club _____ Date _____

Judge _____ Level & Element _____

Odor Steward Experience for odor related trials:

#1 _____
Club _____ Date _____

Judge _____ Level & Element _____

Timer Steward for odor related trials:

#1 _____
Club _____ Date _____

Judge _____ Level & Element _____

Dog Trainer Experience (not including your own dogs):

Name ASCA Membership # &/ or Affil.

Seminar and Clinics you've attended:

Seminar and Clinics you've conducted:

Are you currently trialing a dog in any odor related venues? _____

YES - current information: _____

NO - how long has it been since you have trialed a dog? _____

Please understand that when you sign this form you are acknowledging that this is all true and you realize that the information can/will be verified.

Also understand that if you are accepted as a Judge your contact information will be listed on the ASCA website and could be printed out by a member. If you would rather have other information listed please list it on the back of this page.

Applicant Signature

Application Date

** If need be please continue on additional pages.