

SOUTH CAROLINA HUNTER/JUMPER ASSOCIATION

STEWARD'S APPLICATION

Name: _____ SCHJA Membership # _____

Address: _____

Phone(s): _____

E-Mail: _____

Profession _____

I have completed the learner stewarding requirements by officiating in a learner steward's capacity for at least three full days with at least two different SCHJA or USEF carded officials (one of whom is in possession of a USEF Category license for Stewards).

Those individuals are: (name and card held)

- 1.
- 2.
- 3.

The dates and locations that I did my learner stewarding are:

- 1.
- 2.
- 3.

Biography:

Signed: _____ Date: _____

ALL SCHJA STEWARDS MUST BE A MEMBER OF SCHJA

PLEASE RETURN THIS COMPLETED FORM TO:

SCHJA

P. O. BOX 1143

COLUMBIA, SC 29202