

steward

SOUTH CAROLINA HUNTER/JUMPER ASSOCIATION
STEWARD'S APPLICATION

NAME: _____ TELEPHONE: _____ (HOME)

ADDRESS: _____ TELEPHONE: _____ (WORK)

CITY/STATE/ZIP _____

YEARS IN HORSE BUSINESS: _____ IN WHAT CAPACITY: _____

HAVE YOU PARTICIPATED IN ANY ASHA STEWARD'S CLINICS? _____

NUMBER OF SHOWS STEWARDED: _____

LIST SHOWS AND DATES: _____

RESUME OF QUALIFICATIONS: (EXPERIENCE IN THE HORSE BUSINESS)

REFERENCES: (List 4 - at least two (2) must be from show managers
that you have stewarded for. Please give telephone
numbers and addresses if you have them)

ALL SCHJA STEWARDS MUST BE A MEMBER OF SCHJA

PLEASE RETURN THIS COMPLETED FORM TO:

SCHJA
P. O. BOX 511
CAMDEN, SC 29020