

To **Show & Sale Committee**
NZ Herefords
PO Box 503
Feilding 4740
office@herefords.co.nz

Associate Judge: _____

Show: _____

Date: _____ Approx. No. of Entries: _____

	Excellent (top 10%)	Good	Needs Improvement
Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Comments: _____

Senior Judge (Please Print): _____

Signature: _____ Date: _____

THIS FORM IS TO BE COMPLETED BY THE SENIOR JUDGE AND RETURNED TO THE OFFICE.