NAME OF JUDGE_______________________AFFILIATION_____/ STATUS_____/ SHOW DATES__________

CLUB NAME________________SHOW LOCATION_________________CFA REGION_____

TYPE OF RING JUDGED: ALLBREED: _____ LH SPEC: _____ SH SPEC: _____ DOUBLE SPEC: _____

INSTRUCTIONS TO CLUB: Using the rating scale below, circle the appropriate letter. Comments are encouraged and are mandatory in cases where a rating of “E” or "D” is given. It is imperative that each judge be evaluated impartially, fairly and constructively by those club members who were present at the show. This form must be signed by at least three Club Members and Master Clerk, with personal knowledge of judge's performance.

<table>
<thead>
<tr>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>DID NOT MEET EXPECTATIONS</th>
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</thead>
<tbody>
<tr>
<td>E</td>
<td>G</td>
<td>F</td>
<td>D</td>
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</tbody>
</table>

1. Appearance in ring. Comments:__________________________

2. Confidence of judge in ring. Comments:__________________________

3. Conduct and Attitude. Comments:__________________________

4. Handling of cats. Comments:__________________________

5. Breed Knowledge. Comments:__________________________

6. Ring tempo. Comments:__________________________

7. Presentation of cats in finals. Comments:__________________________

8. Were cats taken out for all finals? Yes___ No___

9. Cooperation with show committee. Comments:__________________________

10. Is this judge a member of your club? Yes___ No___

11. Would you invite this judge back? Yes___ No___

12. For Master Clerk only (Mechanical errors are major errors that may change class standings or final placements). Were mechanics correct? Yes ____ No ____ If no, what mechanical errors occurred (required explanation, on back). Comments:__________________________

Master Clerk (Print Name) ___________________________ Signature: ___________________________

Show Manager (Print Name) ___________________________ Signature: ___________________________

Show Secretary (Print Name) ___________________________ Signature: ___________________________

Show Committee Member (Print Name) ___________________________ Signature: ___________________________

Show Committee Member (Print Name) ___________________________ Signature: ___________________________

Additional Comments:________________________________________________________________________

*Please affixed signature AFTER form is completed.

THIS FORM MUST BE RETURNED WITHIN 30 DAYS OF THE DATE OF THE SHOW (Show Rule 14.03). Clubs must meet the 30 day requirement in order to remain on the list of approved clubs for future guest judge approvals. Evaluation forms must include signatures and comments in order to be accepted.

Return TO: Vicki Nye, 16995 Meridian Rd, Salinas, CA 93907. Email: tvnye@jps.net