



FEI Dressage Steward

Documentation of Experience

Competition name: _____ Competition #: _____

Date: _____ Location: _____
City, State

Competition Official: _____ Member Number: _____

This is to confirm that _____ Member # _____ served in the following
Name capacity at the above listed competition:

	# Days	# Hours	Date
<input type="checkbox"/> Competition Manager	_____	_____	_____
<input type="checkbox"/> Assistant Manager	_____	_____	_____
<input type="checkbox"/> Secretary	_____	_____	_____
<input type="checkbox"/> Assistant Secretary	_____	_____	_____
<input type="checkbox"/> Bit Checker	_____	_____	_____
<input type="checkbox"/> Warm-Up Steward	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

Describe duties:
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Signature of competition official

Title Date