

**THE CAT FANCIERS' ASSOCIATION, INC.  
JUDGING PROGRAM GUEST JUDGE EVALUATION FORM**

(Rev: 07/17)

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.**

**E = EXCELLENT**

**G = GOOD**

**F = FAIR**

**D = DID NOT MEET EXPECTATIONS**

1. Appearance in ring. E      G      F      D

Comments: \_\_\_\_\_

2. Confidence of judge in ring. E      G      F      D

Comments: \_\_\_\_\_

3. Conduct and Attitude. E      G      F      D

Comments: \_\_\_\_\_

4. Handling of cats. E      G      F      D

Comments: \_\_\_\_\_

5. Breed Knowledge. E      G      F      D

Comments: \_\_\_\_\_

6. Ring tempo. E      G      F      D

Comments: \_\_\_\_\_

7. Presentation of cats in finals. E      G      F      D

Comments: \_\_\_\_\_

8. Were cats taken out for all finals? Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

9. Cooperation with show committee. Yes \_\_\_ No \_\_\_

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).

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 affix signatures 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.**

**TO: Annette Wilson, 225 Broadway STE 7, Box 200, South Haven, Michigan 49090; Email: arwilson@prodigy.net**