



**PASO FINO HORSE ASSOCIATION, INC.  
JUDGES AND STEWARDS COMMITTEE**

**PLEASE RETURN THIS FORM TO:**  
Paso Fino Horse Association, Inc.

1003 Twilight Trail Suite 2  
Frankfort, KY 40601  
[info@pfha.org](mailto:info@pfha.org)  
FAX: (859) 689-3702

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**PASO FINO HORSE ASSOCIATION STEWARD REFERENCE QUESTIONNAIRE**

The applicant \_\_\_\_\_ has applied to be a Paso Fino Horse Association Certified Steward.

To help us evaluate this applicant, please rate the applicant on the following criteria.

- |  |                                    |                               |                               |                               |
|--|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| General knowledge of horses:                                     | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Knowledge of Paso Fino gaits:                                    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Knowledge of conformation and soundness:                         | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Familiarity with rules, procedures, and stewarding standards:    | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Proper judicial temperament, tact and diplomacy:                 | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Impartiality and honesty:  | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| Understanding of Judges and Stewards responsibility of the PFHA: | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

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Do you know the applicant:  Well  Slightly  By Reputation

Does the applicant have any physical impairments or habits (i.e. use of illegal drugs, excessive use of alcohol) that would be a handicap?  Yes (If yes, please specify)  No

Should this applicant be:  APPROVED  DISAPPROVED

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

Show (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print name and member number \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_