

NAFA Rules and Policies

C.5 Judge's Application

Name: _____ Phone: _____

Address: _____ Fax: _____

City _____ State/Province _____ Zip/Postal _____

E-mail Address: _____

Please provide a brief description of your qualifications:

By signing below, I certify that I meet the initial requirements to begin the training program as set forth in the NAFA[®] Judges Training Program.

Signature: _____ Date: _____
