



**THE INTERNATIONAL CAT ASSOCIATION, INC.**  
**ASSISTANT/HEAD RING CLERK EVALUATION**



Please mail to:

*Dewane Barnes  
 Clerking Administrator  
 41 South Elm Street  
 Palatine IL 60067*

Please provide the Evaluator with a form and stamped envelope addressed to the Clerking Administrator.

NAME OF CLERK: \_\_\_\_\_

DATE OF SHOW: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF CLUB: \_\_\_\_\_

\_\_\_\_\_

LOCATION OF SHOW: \_\_\_\_\_

**PRESENT STATUS**

- \_\_\_\_\_ NOT IN CLERKING PROGRAM
- \_\_\_\_\_ LICENSED ASSISTANT RING CLERK
- \_\_\_\_\_ TRAINEE
- \_\_\_\_\_ LICENSED RING CLERK
- \_\_\_\_\_ LICENSED MASTER CLERK

**CLERKED AS**

- \_\_\_\_\_ ASSISTANT RING CLERK
- \_\_\_\_\_ HEAD RING CLERK

**EVALUATOR**

- \_\_\_\_\_ JUDGE
- \_\_\_\_\_ LICENSED CLERK
- \_\_\_\_\_ JUDGE
- \_\_\_\_\_ LICENSED MASTER CLERK

**PERFORMANCE**

**ASSISTANT RING CLERKS ONLY**

COMMENTS: \_\_\_\_\_

**ALL RING CLERKS**

**DID THE CLERK:**

	<b>YES</b>	<b>NO</b>
REPORT TO THE RING AHEAD OF TIME?	_____	_____
MANAGE THE STEWARDS WELL?	_____	_____
VERIFY JUDGED SLIPS AND CATALOG FOR ACCURACY?	_____	_____
DISPLAY KNOWLEDGE OF MECHANICS?	_____	_____
DISPLAY FAMILIARITY WITH SHOW RULES?	_____	_____
PERFORM HIS DUTIES AS QUIETLY AS POSSIBLE?	_____	_____
ATTEND TO THE NEEDS OF THE RING SATISFACTORILY?	_____	_____
SATISFACTORILY MARK THE CATALOG?	_____	_____
WAS THE CLERK AVAILABLE AT ALL TIMES WHEN NEEDED?	_____	_____
WOULD YOU LIKE THIS INDIVIDUAL TO CLERK FOR YOU AGAIN?	_____	_____

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

\_\_\_\_\_  
 SIGNATURE OF JUDGE

\_\_\_\_\_  
 DATE