



THE INTERNATIONAL CAT ASSOCIATION, INC.
TRAINEE QUARTERLY REPORT



MARYLOU ANDERSON, JUDGING ADMINISTRATOR
 3509 CLIFF VIEW LOOP
 WEATHERFORD, TX 76087
 (817) 613-0070

Copies of this completed form must be sent to your Regional Director, and your Allbreed Sponsor by the end of March, June, September and December.

(PLEASE TYPE OR PRINT)

NAME: _____

ADDRESS: _____

CITY: _____ STATE/COUNTRY: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ EMAIL: _____

Name of your Approved Allbreed Sponsor: _____

In addition to your Monthly Reports, are you in touch with your Allbreed sponsor via telephone, fax or email frequently? _____

Your trainee activities for the months of: _____

NUMBER COMPLETED TO DATE:

Critiques outside the Judging Ring? _____

Permission to Train Forms? _____

Comparisons in the Ring? _____

Ring Training Sessions? _____

Solo Sessions? _____

Trainee Evaluations supplied? _____

Solo Evaluations supplied? _____

Copies sent with Monthly Reports to your Allbreed Sponsor and the Trainee Coordinator?

Have you furnished stamped self-addressed envelopes for your Instructors to send your evaluations to you for forwarding to the Trainee Coordinator and your Allbreed Sponsor?

HAVE YOU ATTENDED?	DATE	LOCATION	INSTRUCTOR/MODERATOR
One Judging School	_____	_____	_____
One Judges' Conference	_____	_____	_____
One Breed Seminar	_____	_____	_____
One Genetics Seminar	_____	_____	_____

Your Anticipated Trainee activities for the next quarter? _____

Anticipated date of Board Meeting at which you are applying for advancement? _____

Additional CEU's or information that you feel your Regional Director, Allbreed Sponsor or Trainee Coordinator should be aware of: _____

 SIGNATURE OF TRAINEE

 DATE