

Novice Eligibility Assessment

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| Riders Name: | ASHA #: |
|--|----------------------|
| Event: | ASHA #: |
| Head Clinician Name: | ASHA #: |
| Event Manager Name: | ASHA #: |
| COMMENTS: | |
| PLEASURE: | |
| TRAIL: | |
| REINING: | |
| COWHORSE: | |
| Novice Eligibility | |
| It is our determination this rider is Novice Eligible It is our determination this rider is NOT Novice Eligible | ☐ YES ☐ NO☐ YES ☐ NO |
| Lead Clinician Signature: | Date: |