

Teacup Dogs Agility Association
Judge's Agility Test Report

Group: _____

Test Date(s): _____

Judge: _____

Judges Panel

Were other TDAA judges *available* at this trial to stand in as needed?

Did another TDAA judge *need* to stand in and judge any class during this trial?

Did the club solicit your input in the selection of the games?

Event Evaluation:

<i>Outstanding</i>	<i>Adequate</i>	<i>Poor</i>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Overall quality of site and facility
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quality and availability of timers/scribes
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quality and availability of course builders
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Accuracy of scorekeepers
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Quality of group hospitality
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Conformance to TDAA ' <i>preferred</i> ' equipment
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Attention to compensation and reimbursement

List below any obstacles that did not meet the published rules specifications or posed safety concerns.

Standard Course Times

Describe cases that necessitated using a SCT rate which was outside the operating range prescribed by the rules. Attach a copy of the course plan.

Measurement

Identify below dogs that were either entered in the wrong height divisions as a result of height measurements, or dogs that measured more than 17”.

TDAA Registration # Measured height Dog & Owner/Handler’s name

Course Filings

Were the course designs used as filed? If not, attach copies of the revised plan and explain circumstances requiring the change(s) below.

Signature: _____ Date: _____

This report must be mailed within five business days following the test date to:

Teacup Dogs Agility Association
P. O. Box 158
Maroa, IL. 61756