



Feline Fanciers' Federation Clerk Evaluation Form

Name of Clerk		
Country		
Address		
Email Address		
Date of Show		
Judge name		
Current Certified Clerk Status	<input type="checkbox"/> Ring Clerk Trainee <input type="checkbox"/> Certified Ring Clerk <input type="checkbox"/> Master Clerk Trainee <input type="checkbox"/> Certified Master Clerk <input type="checkbox"/> Certified Master Clerk Instructor	
Perform as	<input type="checkbox"/> Fun Show Ring Clerk <input type="checkbox"/> Assistant Ring Clerk <input type="checkbox"/> Ring Clerk <input type="checkbox"/> Assistant Master Clerk <input type="checkbox"/> Master Clerk	
Evaluation	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Area for improvement <input type="checkbox"/> Poor	
Comment by the Judge / Show Manager (if any)		
Signature (Judge / Show Manager)		<hr style="border: 0.5px solid black;"/> Name (_____) Date _____