



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 _____