



JUDGE REGISTRATION FORM

AHA/BJCP Sanctioned Competition Program

<http://www.bjcp.org>

<http://www.homebrewersassociation.org>

Please treat this registration as a commitment of your time and effort. We will depend on you to appear and judge at our competition!

Name _____
 Street Address _____
 City _____
 State _____ Zip _____
 Phone (_____) _____ Email _____

Judge Qualifications/BJCP Rank:

- | | | |
|----------------------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Apprentice | <input type="checkbox"/> Recognized | <input type="checkbox"/> Certified |
| <input type="checkbox"/> National | <input type="checkbox"/> Master | <input type="checkbox"/> Grand Master__ |
| <input type="checkbox"/> Honorary Master | <input type="checkbox"/> Mead Judge | <input type="checkbox"/> Provisional Judge |
| <input type="checkbox"/> Professional Brewer | <input type="checkbox"/> Non-BJCP | <input type="checkbox"/> Rank Pending |

BJCP Number _____

Please answer the questions below to help us make judging assignments.

How long have you been brewing? _____
 Approximately how many batches have you brewed? _____
 In how many competitions have you judged? _____
 Which category(ies) are you best qualified to judge? _____
 Which category(ies) do you prefer not to judge? _____
 Which category(ies) are you unable to judge because you've entered the competition?

For information on joining the American Homebrewers Association, go to www.homebrewersassociation.org

JUDGE WAIVER

My participation in this judging is entirely voluntary. I know that participation in this judging involves consumption of alcoholic beverages and that this consumption may affect my perceptions and reactions. I accept responsibility for my conduct, behavior and actions and completely absolve the competition of responsibility for my conduct, behavior and actions.

Signature _____ Date _____

RETURN THIS FORM TO:

Competition Name: _____
 Organizer: _____
 Address: _____
 City/State/Zip: _____

Competition organizers: This form is for your use only. Do not return it to the BJCP or the AHA.

Please send concerns, complaints, or compliments to Comp_Director@BJCP.org