



CASCADE TEAM PENNING ASSOCIATION

PO Box 1 – Sherwood, OR 97140
503-590-3331

Self Rating Form Appeal Form Evaluation Form

Name _____ Date _____
Address _____ City _____ State _____
Zip _____ Telephone _____ Birth Date _____

Please complete this form as accurately as you can and return to CTPA at the address noted above. The form will be promptly forwarded to the Rating Committee Chairman for the appropriate action.

HORSE ABILITY

PEN / SORT

- ___1.___1. Beginner
- ___2.___2. Below Average
- ___3.___3. Inconsistent
- ___4.___4. Average
- ___5.___5. Above Average
- ___6.___6. Exceptional

PENNING/SORTING SUCCESS

PEN / SORT

- ___1.___1. None
- ___2.___2. Little local success
- ___3.___3. Limited
- ___4.___4. Some success
- ___5.___5. Average Success
- ___6.___6. Above Average

PENNING/SORTING ABILITY

PEN / SORT

- ___1.___1. None
- ___2.___2. Local Level
- ___3.___3. Shows Potential
- ___4.___4. Average
- ___5.___5. Above Average
- ___6.___6. Exceptional

RIDING ABILITY

PEN / SORT

- ___1.___1. Beginner
- ___2.___2. Rec.. rider
- ___3.___3. Average
- ___4.___4. Experienced
- ___5.___5. Above Average
- ___6.___6. Exceptional

PENNING/SORTING EXPERIENCE

PEN / SORT

- ___1.___1. No Experience
- ___2.___2. Local Level
- ___3.___3. Some Experience
- ___4.___4. Travels
- ___5.___5. Experienced
- ___6.___6. Very Experienced

ACCESS TO PARTNERS

PEN / SORT

- ___1.___1. Attends 1 – 3 events
- ___2.___2. Attends more than 3 events
- ___3.___3. Rides 1 – 3 times
- ___4.___4. Rides more than 3 times
- ___5.___5. Obtains Rides Easily
- ___6.___6. Unable to get rides

List classes in which you have won or placed in more than two CTPA or other professional penning/sorting

_____ ; _____ ; _____ ; _____

_____ Number of professional penning/sorting placed in top five in last two years, do not include CTPA events.

Do you travel to different areas to Pen/Sort? Yes No How often? _____

_____ Number of years Penning/Sorting? Classes entered: _____

How much money won at cutting \$ _____; working cow horse \$ _____; barrel racing \$ _____

Member of Other Associations _____ **Rating _____

_____ **Rating _____

_____ **Rating _____

*** If you rate yourself lower than ratings previously received by above Associations/Clubs, please explain:* _____

ADVANTAGES: *[Check all that apply]*

_____ Rancher _____ Trainer _____ Working Cowboy _____ Attend team penning clinics _____ Cutter/
working cow horse _____ Instructor _____ Competed at rodeo events (explain) _____

DISADVANTAGES: *[Check all that apply]*

_____ Limited Ability _____ Not Well-Mounted _____ Not Proven At Any Level of Sport
_____ Over 55 – Under 16 _____ Physical Handicap (explain) _____

***** SELF-RATING BASED ON ABOVE CRITERIA *****

Note: If you self-rate yourself two ratings lower than you are rated by the Rating Committee, you and your team will forfeit any monies and prizes won at that event and all points earned will be lost.

RATING COMMITTEE: Rating Recommended: _____ Rater Initials: _____ Date: ____/____/____

Your classification number is your performance rating. The sum of your classification number and your partners' classification numbers cannot exceed the number of the penning / sorting division. This procedure closely defines the caliber of each penning /sorting division. The Rating Committee will be in place to review all new ratings and appeals for two events and give you your permanent rating. The Rating Committee will also review all members at end of year and make any adjustments. The Rating Committee will re-evaluate any member that is not a current member . The Rating Committee has full authority and will be 100% supported by the Association. We want members to know that fairness is our utmost priority and CTPA will not allow underrated contestants to continually compete at the wrong rating.