



Please submit this form to the SHF within 10 days of the competition

Competition Details:

Name of Event: _____

Location: _____ Date: _____

Competition management receptive? Yes No Comment: _____

Competition secretary organized? Yes No Comment: _____

Facilities adequate? Yes No Comment: _____

Exhibitor knowledge as to class routines? Yes No Comment: _____

Competition schedule efficient? Yes No Comment: _____

Start Time: _____ Finish Time: _____ Breaks: _____

Course Design:

Safe? Yes No Comment: _____

Inviting? Yes No Comment: _____

Well Built? Yes No Comment: _____

Built to level required? Yes No Comment: _____

Footings: (If poor please describe why)

Main rings Good Poor Comment: _____

Warm up rings Good Poor Comment: _____

Ring enclosures Good Poor Comment: _____

General Comments:

Name(Judge): _____ SHF#: _____

Signature: _____ Date: _____

Retain a copy for your files