

EXHIBITOR REPORT FORM

Return completed form to the Show Secretary

Name of Competition: _____

Date: _____

How Many Horses Exhibited: _____

What Class(es): _____

	Yes	No	Comment
Facilities adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Service & washrooms adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ring: Safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fully enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Set for level of comp/horse/rider/class?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plastic cups and pins used for jumps?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warm-up area adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Judging - good?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medic/designated First Aid personnel on site?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vet & Farrier available?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary efficient?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you place?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication system adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competition run on time?	<input type="checkbox"/>	<input type="checkbox"/>	_____

General Comments:

Name (please print) _____

Signature: _____

Date: _____

Note to Show Secretary: This form is for your use only to get feed back from your exhibitors.