VHJA Steward's Show Report

Show Name:_____ Date: _____

Number of Horses Entered: _____
Judge #1: _____USEF Number: _____
Judge #2: _____USEF Number: _____
Judge #3: _____USEF Number: _____

Ring #1: Day 1 Day 2 Day 3
Start Time: _____
Finish Time: _____

Ring #2: Day 1 Day 2 Day 3
Start Time: _____
Finish Time: _____

Class Schedule: (Comments): _____
_____
_____

Facilities	Adequate	Inadequate
Parking:		
Rest Rooms:		
Ring # 1		
Ring # 1 Footing:		
Ring # 2 Size:		
Ring # 2 Footing:		
Stabling:		
Warm-Up Area:		
Water:		
Jumps:		
Food Service:		
Secy. Booth:		
PA System:		

Available on Grounds	Yes	No	On-Call
VHJA Rulebook:			
Judges Cards w/Specs:			
Size Courses Posted:			
EMT:			
Ambulance:			
Veterinarian:			
Farrier:			
Emergency #'s Posted:			
Proof of Insurance:			
Corrections to Prize List:			
Corrections Posted/Annou.:			
Jump Crew:			
Gate Keeper(s):			

Attitude of:	GREAT	GOOD	FAIR	POOR
Exhibitors:				
Secretary:				
Manager:				
Announcer:				

List any rule violations, unusual occurrences or extenuating circumstances regarding failure to meet show standards.
_____
_____
_____
_____

List the positive features of the show. _____
_____

List features that need improvement or correction: _____
_____

Steward's Name:_____ USEF #: _____
Signature: _____ Address:_____

Please send a copy to the VHJA Secretary within 7 days of the show, and one to the show manager.

Christina Rohan, 1 Chapman Road, Montpelier, Vermont 05602
Emailed in PDF format to ckr.rohan@gmail.com or mailed to