



CONNECTICUT HORSE SHOWS ASSOCIATION, INC.

Affiliate Member - US Equestrian Federation

STEWARD REPORT

Name of Horse Show: _____ Date of Show: _____

	YES	NO		YES	NO	
1. Rule Books for affiliated association available:	<input type="checkbox"/>	<input type="checkbox"/>	15. Grounds:			
2. Prize List corrections posted, if necessary:	<input type="checkbox"/>	<input type="checkbox"/>	Conditions:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
3. Show Schedule			Adequate schooling/warm up areas	<input type="checkbox"/>	<input type="checkbox"/>	
Show started on time	<input type="checkbox"/>	<input type="checkbox"/>	Ample parking area	<input type="checkbox"/>	<input type="checkbox"/>	
If not why not? (comment below)			Ample free standing area at ringside	<input type="checkbox"/>	<input type="checkbox"/>	
CHSA English and/or Western Pleasure Class held	<input type="checkbox"/>	<input type="checkbox"/>	16. Food stand:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
How many exhibitors competed in CHSA Pleasure Class(es)? _____			17. Adequate toilet facilities	<input type="checkbox"/>	<input type="checkbox"/>	
4. Horses ready for classes:	<input type="checkbox"/>	<input type="checkbox"/>	18. Were rings, grounds, paddocks, stalls properly lighted?	<input type="checkbox"/>	<input type="checkbox"/>	
If NO, why? _____			19. Time of show start _____			
5. Ring condition:			20. Time of show finish _____			
Footing	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	21. Received membership forms/fees	<input type="checkbox"/>	<input type="checkbox"/>	
Adult attendants on gates at all times	<input type="checkbox"/>	<input type="checkbox"/>	How many? _____ (names on reverse side)			
6. Secretary / Administration booth:			22. Comments on show (use back, if necessary):			
Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>				
7. Jumps						
Jump crew efficient	<input type="checkbox"/>	<input type="checkbox"/>				
Jumps per rules & specifications on size & heights	<input type="checkbox"/>	<input type="checkbox"/>				
8. Judges:						
Qualified in divisions and classes	<input type="checkbox"/>	<input type="checkbox"/>				
Supplied cards with complete class description	<input type="checkbox"/>	<input type="checkbox"/>				
Suitable parking & accommodations for judges	<input type="checkbox"/>	<input type="checkbox"/>				
9. Ringmaster:						
In control of the ring at all times	<input type="checkbox"/>	<input type="checkbox"/>				
Reported infractions of rule or class specification to show Steward	<input type="checkbox"/>	<input type="checkbox"/>				
10. First Aid						
Qualified medical personnel at all sessions	<input type="checkbox"/>	<input type="checkbox"/>				
11. Veterinarian						
Present or available at all sessions	<input type="checkbox"/>	<input type="checkbox"/>				
12. Farrier						
Present at all sessions	<input type="checkbox"/>	<input type="checkbox"/>				
Available at all sessions	<input type="checkbox"/>	<input type="checkbox"/>	23. Suggestions for improvement (use back, if necessary):			
13. Public address system:						
Audible in all areas	<input type="checkbox"/>	<input type="checkbox"/>				
Announcements clear and correct	<input type="checkbox"/>	<input type="checkbox"/>				
Good communications good between announcer, ring master & secretary	<input type="checkbox"/>	<input type="checkbox"/>				
14. Water available for horses	<input type="checkbox"/>	<input type="checkbox"/>				

**This form to be completed by the Show Steward within ten days of the show and mailed to
CHSA Show Relations, Peter B. Mann, 125 Valentine Road, Pomfret Center, CT 06259.**

Form may be emailed to: info@mantec.com or faxed to: Fax 860-774-7084

(Signature of Steward)

Date