



**Stewards
Show Report Form**

Show Venue: Date:

Show Category:

Name of Judge/s:

Name of Course Designer:

Arrival time: Departure time:

Schedule and Programme

Did the programme conform to the schedule: Yes / No

Please specify any changes:

Time first class started: Time last class finished:

Scale

- Excellent - Of the very highest standard could needs no improved
- Very Good - Of a high standard, improvement could be made, but are not essential
- Good - Of a high standard, improvements would be desirable and should be encouraged
- Acceptable - Of an acceptable standard, at the lowest level, improvements are to be advised
- Poor - Of a standard not acceptable and needs action

Steward Comments
Quality of surface(s) in competition arena(s)
Quality of surface(s) in warm up arena(s)
Jumps
Arena seating/spectator viewing



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Judging Facilities
Stable Available (where applicable)
Health & Safety
Show Organisation
Parking Facilities
Medical cover
Catering
Toilets
Other

Judges Comments:

Course Designer Comments:

Rider Comments:

Any Other Matters of Note:



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For the Specific Attention of the Development Officer:

Name:Membership No:

Signed: