

Massachusetts 4-H Horse Show Steward/Manager Report

Name of Show: _____

Show Manager: _____

Reporting Steward: _____

of Entries: _____

Date: _____ Start Time: _____

Finish Time: _____

Location: _____

Judge(s): _____

	Yes	No	N/A
1. Was a copy of the New England 4-H Horse Show Rulebook available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the judges provided with scoring cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Were the judges provided with a show program and class list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Was first class started within fifteen minutes of the time stated on prize list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were there any avoidable delays between classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was sufficient secretarial help available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were competent ringmasters and/or jump crews provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were gate attendants provided as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the show manager easily recognizable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were officials helping at the show easily recognizable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Was the gate area set up to keep the general public away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Was the public address system adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Was there appropriate signage for spectators to know where to safely sit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Was there a designated warm up area separate from the show ring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Was the warm up area supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Did any classes run after sunset without adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were clean, adequate toilet facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Were adequate parking facilities provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Was drinking water available and convenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Were food and refreshments available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. If weather conditions required, were facilities available for watering ring?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Was the footing in the ring sturdy and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. If the show was run on two or more consecutive days, was adequate stabling available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Was there an Emergency Action Plan available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Were the following services/phone numbers available?

EMT On Ground On Call (#) _____ Veterinarian On Ground On Call (#) _____

Police On Ground On Call (#) _____ Blacksmith On Ground On Call (#) _____

Fire On Ground On Call (#) _____

Were there any injuries at the show? Yes No

Have you attached the medical report? Yes No

26. How would you rate show Management?

Comments:

27. In the spaces provided below, please list positive feedback or any rule violations, unusual occurrences or extenuating circumstances regarding failure to meet show standards.

A. List positive features of the show:

B. List features that need improvement or correction, if any:

C. List any substitutions to class list or divisions:

28. Please attach a copy of the show's class list and rules.

Steward's Name: _____
(Printed) (Signature)

Address: _____

Telephone: _____ Email _____

Date: _____

Please submit a copy of this form to the County 4-H Educator