



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"/>
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"/>
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 is to be completed by the Show Steward within ten days of the horse show, and mailed to :
CHSA Show Relations, Ruth Fried, 16 Smokerise Circle, Prospect. CT 06712, or Fax 203-758-3259**

(Signature of Steward)

Date