



Evaluation Worksheet

Event: _____ Dates: _____

Show Manager: _____

Evaluator: _____

Participated as :RIDER____TRAINER____OWNER____

OTHER: _____

WCHR Member: Yes _____ No _____

RATING: _____ (Premier or National)

Rating Scale:

- **10 = excellent**
- **1 = poor**

Please "save as" the competitions name, send to competitions@ushja.org

Footring (rate the following footring)			
	Category	Rating (10-1)	Remarks
1	Main Arena		
2	Schooling Arena		
3	Lunging Areas		
4	Secondary Arenas		
	Total (maximum 40 points)		
Management			
	Category	Rating (10-1)	Remarks
1	Management Team Manager, Office staff, Stewards Schooling Supervisors		
	Was the Horse Show Manager accessible?	(Yes or No)	

2	Stabling Quality, size of stalls, proximity to ring		
3	Courses/Jumps Quality of jumps, appropriate courses, decorations		
4	Licensed Officials Quality of judges		
5	Shade/Shelter/Water Were horses and riders provided adequate protection from weather conditions?		
	Was there a videographer?	(Yes or No) _____	
	Total (maximum 50 points)		

Overall Experience

		Rating (10-1)	Additional Remarks
1	Please rate your overall experience, with 10 being the highest rating		
	Total Score (maximum points 100)		