



Battlefield Horse Show Association

P.O. Box 63
Mt. Vernon, VA 22121-0063
www.battlefieldhsa.com

HORSE SHOW EVALUATION FORM

Name of Competition: _____ Date: _____

Name: _____ Rider Trainer Owner Parent Judge
 Other: _____

Email: _____ Phone: _____ Cell: _____

Your input is a valued component of our effort to improve the quality of all our BHS Association competitions.
Thank you for taking time to complete this form. Your identity will be confidential.
Unsigned evaluations will not be considered!

What is the reason for this Evaluation: Praise Suggestion Problem Complaint

Please use the following rating scale: 1=Excellent 2=Good 3=Satisfactory 4=Unsatisfactory

| QUALITY OF FACILITY | | EX | GD | SA | UN | N/A |
|--|--|----|----|----|----|-----|
| 1. Show Ring | | | | | | |
| a. Size and location | | 1 | 2 | 3 | 4 | ___ |
| b. Jumps | | 1 | 2 | 3 | 4 | ___ |
| 2. Schooling Areas | | | | | | |
| a. Size and location | | 1 | 2 | 3 | 4 | ___ |
| b. Jumps | | 1 | 2 | 3 | 4 | ___ |
| 3. Footing | | | | | | |
| a. Show Ring(s) | | 1 | 2 | 3 | 4 | ___ |
| b. Schooling area | | 1 | 2 | 3 | 4 | ___ |
| 4. Courses and Fences | | | | | | |
| a. Variety appropriate for classes offered | | 1 | 2 | 3 | 4 | ___ |
| b. Well built, sturdy, suitability | | 1 | 2 | 3 | 4 | ___ |
| 5. Time Schedule | | | | | | |
| a. Kept to schedule/time schedule | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| b. Changed schedule /class order | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Explain _____ | | | | | | |
| c. Exhibitor/Trainer cooperation | | 1 | 2 | 3 | 4 | ___ |
| 6. Courtesy/Efficiency & Professionalism of Show Management | | | | | | |
| a. Manager/chairman | | 1 | 2 | 3 | 4 | ___ |
| b. Office staff/secretary | | 1 | 2 | 3 | 4 | ___ |
| c. Starter/ring crew | | 1 | 2 | 3 | 4 | ___ |
| 7. Food Service Offered | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| a. Quality | | 1 | 2 | 3 | 4 | ___ |
| b. Variety of menu | | 1 | 2 | 3 | 4 | ___ |
| c. Water available for riders | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 8. Parking | | | | | | |
| a. Surface | | 1 | 2 | 3 | 4 | ___ |
| b. Location, size | | 1 | 2 | 3 | 4 | ___ |
| 9. Restrooms | | | | | | |
| a. Portable | | 1 | 2 | 3 | 4 | ___ |
| b. Permanent | | 1 | 2 | 3 | 4 | ___ |
| 10. Water for Horses | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| a. Drinking | | 1 | 2 | 3 | 4 | ___ |
| b. Wash racks/wash area | | 1 | 2 | 3 | 4 | ___ |
| 11. EMT Present | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 12. PA System | | | | | | |
| a. Adequate, easy to hear | | 1 | 2 | 3 | 4 | ___ |
| b. Announcer | | 1 | 2 | 3 | 4 | ___ |

Additional Comments: _____

Signature: _____ Date: _____