



# VERMONT HORSE SHOWS ASSOCIATION, INC.

Mail to: Stacey Walker, VHSA Secretary  
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 www.vhsa.org

## EXHIBITORS SHOW EVALUATION FORM

Name of Show: \_\_\_\_\_ Date: \_\_\_\_\_

Please take a few moments to evaluate this horse show. Your comments, good or bad, will help us to run a better show. Please rate each item on a scale of 1 to 4 (Poor to Excellent)

	Poor	Fair	Good	Excellent	N/A
Location of the show	1	2	3	4	
Date of the show	1	2	3	4	
Facilities	1	2	3	4	
Parking	1	2	3	4	
Stabling	1	2	3	4	( )
Restrooms	1	2	3	4	
Ring(s)	1	2	3	4	
Water	1	2	3	4	
Hunt Course	1	2	3	4	( )
Warm-up/Schooling Area	1	2	3	4	( )
Prize list	1	2	3	4	
Class Schedule	1	2	3	4	
Food Concessions	1	2	3	4	
Footing	1	2	3	4	
Judge #1: Name	1	2	3	4	
Judge #2: Name	1	2	3	4	( )
Steward: Name	1	2	3	4	
Announcer	1	2	3	4	
Secretary	1	2	3	4	
Gate Keepers	1	2	3	4	
Secretary's Booth	1	2	3	4	
Prizes/Awards	1	2	3	4	( )
Show Atmosphere	1	2	3	4	

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Optional)

Print Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

(Please return to VHSA Secretary at address above or to Show Steward at the show.)