



VERMONT HORSE SHOWS ASSOCIATION, INC STEWARD REPORT

Return to VHSA Secretary within 7 days of show
Stacey Walker, 82 Old Number 11 Rd, Westford, VT 05494
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Show Name _____ Show Date(s) _____ # of Horses Entered _____

Name(s) of Main Ring Judge(s) _____

Start Time _____ Lunch Start _____ Lunch End _____ Finish Time _____

Name(s) of Trail Judge(s) _____

Start Time _____ Finish Time _____

Please circle the appropriate boxes. If further explanation is required, please use back of form

Secretary's Booth

- | | | | |
|---|-----|----|-----|
| 1. Were any VHSA prize list corrections posted and visible? | Yes | No | N/A |
| 2. Were there VHSA membership forms available? | Yes | No | N/A |
| 3. Were the judges provided with score cards that had complete class specifications? | Yes | No | N/A |
| 4. Was there sufficient secretarial help available? | Yes | No | N/A |
| 5. Was the public address system adequate? | Yes | No | N/A |
| 6. Was the name and phone numbers of Vet, Farrier, and EMT posted? | Yes | No | N/A |
| 7. Was the In Hand class pattern and any other class patterns posted and available? | Yes | No | N/A |
| 8. Was there a VHSA rulebook and any other relevant rulebooks for classes offered on hand? | Yes | No | N/A |
| 9. Was the first class started within 15 minutes of the show's start time stated in the prize list? | Yes | No | N/A |
| 10. Was there a measuring stick or scale (if applicable) on hand? | Yes | No | N/A |
| 11. Did show management have proof of insurance? | Yes | No | N/A |
| 12. Was show management courteous and helpful? | Yes | No | N/A |

Grounds

- | | | | |
|--|-----|----|-----|
| 13. Was the footing in the rings adequate and safe? | Yes | No | N/A |
| 14. Was a proper warm up area provided? | Yes | No | N/A |
| 15. Were ringmasters and gate attendants provided? | Yes | No | N/A |
| 16. Were clean, adequate toilet facilities provided? | Yes | No | N/A |
| 17. Was there adequate parking available? | Yes | No | N/A |
| 18. Was water available and convenient for both horse and exhibitor? | Yes | No | N/A |
| 19. Were food and refreshments available? | Yes | No | N/A |
| 20. If stabling was available, was it adequate, safe and secure? | Yes | No | N/A |

Other

- | | | | |
|--|-----|----|-----|
| 21. Were there any accidents or injuries at the show? If so, please explain on back of form. | Yes | No | N/A |
| 22. Were the judge(s) professional and courteous to exhibitors? | Yes | No | N/A |
| 23. Were there any VHSA rule violations noticed or reported? | Yes | No | N/A |

ATTITUDE OF EXHIBITORS/SHOW OFFICIALS: _____

CLASS SCHEDULE COMMENTS: _____

VHSA VIOLATIONS: _____

LIST POSITIVE FEATURES OF THE SHOW (IF ANY) _____

LIST FEATURES THAT NEED IMPROVEMENT OR CORRECTION (IF ANY) _____

OTHER _____

NAME _____ **DATE** _____

ADDRESS _____

PHONE # _____ **EMAIL** _____

SIGNATURE _____