

## MHA SHOW EVALUATION FROM M.H.A. MEMBER

Please Return Directly To: **MHA Administrator**, Dollie Hutchins, 9 Bauneg Beg Rd, Sanford, ME

Name of Show \_\_\_\_\_

Date(s) \_\_\_\_\_ Location \_\_\_\_\_

In order to better evaluate the conduct, facilities, and general quality of MHA Member Shows, the Show and Steward Committees invite you to fill out all applicable parts of this questionnaire. While the responses on this form will be kept CONFIDENTIAL, the form MUST be SIGNED for consideration by the Committees. Please add any comments as needed in each section and at the end of the form. Thank you.

	Yes	No	NOT Required
1. Did the show start within 10 minutes of the published starting time?			
2. Was the show run off promptly? If no, please explain: __weather __scheduling __too many classes __too many entries __other_____			
3. Was Management knowledgeable and cooperative with exhibitors?			
4. Were sufficiently knowledgeable personnel provided?			
5. Was the show conducted in accordance with MHA Rules?			
6. Was a veterinarian on call/present throughout the show? (circle one)			
7. Were appropriate medical personnel on the grounds for the duration of the show?			
8. Was a blacksmith/farrier on call/on the grounds for the duration of the show? (circle one)			
9. Were the rings of suitable size, in good condition, properly constructed? _____			
10. Were Hunter/Jumper courses in good condition/properly constructed?			
11. Was the footing suitable?			
12. Was the Secretary's Office efficient?			
13. Was the sound system adequate for you to hear gate calls/announcements?			
14. Did the Announcer give sufficient gate calls & announcement of holds?			
15. Were schooling/warm-up areas provided & supervised for all breeds to use, particularly prior to their classes?			
16. Were parking facilities adequate?			

Name/Date(s) of Show \_\_\_\_\_

	Yes	No	N/R
17. Were seating facilities adequate?			
18. Were food/refreshments available for the duration of the show?			
19. Did the show provide watering facilities?			
20. Were there adequate toilet facilities?			
21. Were the grounds, ring, warm up/practice areas, stalls properly lighted?			
22. Was suitable, safe stabling available?			

**Recommendations to the Show & Steward Committees:**

Please give your overall impression of the show and recommendations for improvement.

Name of MHA Member \_\_\_\_\_ (REQUIRED)

Address \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ (REQUIRED)

Capacity at this show (circle all that apply): Official \_\_\_\_\_; Staff/Management \_\_\_\_\_;

Owner; Trainer/Instructor; Rider/Driver/Handler; Parent; Spectator; Sponsor; Other \_\_\_\_\_