

Baltimore County Horse Show Association

Show Evaluation Form

Please leave completed form at show office or mail to:

Marsha Herbert
937 Leisters Church Road
Westminster, MD 21157

This form is also available for completion online at www.bchsa.org

Please print clearly.

Name of Show: _____ **Date:** _____

Name (optional): _____

Email (optional): _____ **Phone** (optional): _____

Rider () **Trainer** () **Owner** () **Parent** () **Other** _____

Your input is a valued component of our effort to improve your enjoyment and the quality of BCHSA competitions. Thank you for taking time to complete this form. Comments are welcome at bottom. Please use overall rating scale below.

Overall Rating

Unsatisfactory Outstanding

1 2 3 4 5

1. Location of venue.....

2. Staff Friendliness.....

3. Secretary Office operation.....

4. Class Schedule.....

5. Judge (s) conduct and knowledge.

6. Adequacy of warm up area.....

7. Footing.

8. Jumps and Courses.

9. Parking.

10. Quality and availability of food.....

11. Would you participate in this show again? Yes () No ()

If no, please explain: _____

General Comments: _____
