

Baltimore County Horse Show Association

Show Evaluation Form

Please leave completed form at show office or mail to : Miranda Kolbe
3335 Willoughby Road
Parkville, MD 21234

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 below.

Please use the following scale for your overall rating for each question:

Overall Rating

	Unsatisfactory			Outstanding	
	1	2	3	4	5
1. Location of venue.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Staff Friendliness.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Secretary Office operation.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Class Schedule.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Judge (s) conduct and knowledge.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Adequacy of warm up area.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Footing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Jumps and Courses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Parking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Quality and availability of food.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Would you participate in this show again?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

If no, please explain: _____

General Comments: _____

