

**BCHSA
STEWARDS REPORT**

SHOW NAME: _____ DATE: _____

MANAGER: _____ TELEPHONE: _____

PART I - COMPLIANCE WITH RULES

1. Were all entry blanks signed by exhibitors/agents and trainers? Yes No

2. How many horses were exhibited in total? _____

3. Were those not in possession of a valid measurement card measured in accordance with the current BCHSA rules? Yes No N/A

4. Names of horses/ponies measured:

5. Were qualified medical personnel and equipment provided during all scheduled schooling sessions over fences and all scheduled performances in accordance with BCHSA Rule XVII, N? Yes No

6. Was a veterinarian present or on call? Yes No

7. Was a blacksmith present or on call? Yes No

8. What time did the show start and finish each day?
Day One - Start Time _____ End Time _____
Day Two - Start Time _____ End Time _____

Ring One - No Conflicts Slight Conflicts Excessive Conflicts
Ring Two - No Conflicts Slight Conflicts Excessive Conflicts
Ring Three - No Conflicts Slight Conflicts Excessive Conflicts

9. Were courses and /or jump orders posted according to rules?

PART II - COMPETITION STANDARDS

1. **Management and Personnel:** Above Average Average Below Average
Comments:

2. **Communication:** Above Average Average Below Average
Comments:

- | | |
|--|---|
| 3. Competition Grounds:
Comments: | Above Average Average Below Average |
| 4. Schooling / Exercise Areas:
Comments: | Above Average Average Below Average |
| 5. Rings:
Comments: | Above Average Average Below Average |
| 6. Food Service:
Comments: | Above Average Average Below Average |
| 7. Parking Arrangements:
Comments: | Above Average Average Below Average |
| 8. Were there adequate toilet facilities? | Yes No |
| 9. Was water provided for horses? | Yes No |
| 10. Was a paved measuring surface available? | Yes No |

PART III - ADDITIONAL COMMENTS

State in full the specific nature of any violations or protests filed, with the names and addresses of offenders. Please list any outstanding features of the show, if any, and list any features that need improvement or correction, if any. (You may use the back of this form if necessary)

PART IV - STEWARD INFORMATION

NAME - _____ TELEPHONE - _____
ARRIVAL TIME- _____ ENDING TIME - _____
SIGNATURE - _____

NAME - _____ TELEPHONE - _____
ARRIVAL TIME- _____ ENDING TIME - _____
SIGNATURE - _____