



**Western Pennsylvania
Reining Horse Association
Event Feedback Form**

Name/Date of Show: _____

I am a (circle all that apply):

Rider Trainer Owner Parent Judge Other: _____

Is this your first time showing with us? Yes No

If no, how many years have you shown with us? _____

Please rate each item below

(1-Poor; 2-Average; 3-Good; 4-Very Good; 5-Excellent; n/a-not applicable)

- | | | | | | | | |
|---|---|---|---|---|---|-----|--|
| 1. Quality of footing (i.e. consistency, dust control, dragging, etc.): | | | | | | | |
| A. Show Rings | 1 | 2 | 3 | 4 | 5 | N/A | |
| B. Schooling Areas | 1 | 2 | 3 | 4 | 5 | N/A | |
| 2. Timeliness of schedule: | 1 | 2 | 3 | 4 | 5 | N/A | |
| <i>If problem, cause was:</i> | | | | | | | |
| A. Poor scheduling | 1 | 2 | 3 | 4 | 5 | N/A | |
| B. Exhibitor/trainer cooperation | 1 | 2 | 3 | 4 | 5 | N/A | |
| C. Gate personnel | 1 | 2 | 3 | 4 | 5 | N/A | |
| D. Office/Management | 1 | 2 | 3 | 4 | 5 | N/A | |
| 3. Quality of stabling: | 1 | 2 | 3 | 4 | 5 | N/A | |
| 4. Courtesy, efficiency, professionalism, and availability of: | | | | | | | |
| A. Show Management | 1 | 2 | 3 | 4 | 5 | N/A | |
| B. Office personnel | 1 | 2 | 3 | 4 | 5 | N/A | |

5. Costs:

A. Entry Fees	1	2	3	4	5	N/A
B. Stall Fees	1	2	3	4	5	N/A
C. Other Fees	1	2	3	4	5	N/A

6. Trophies / Awards / Ribbons 1 2 3 4 5 N/A

7. Quality of facility

D. Food Service	1	2	3	4	5	N/A
E. Camping/Parking space	1	2	3	4	5	N/A
F. Restrooms	1	2	3	4	5	N/A
G. Safety/Security	1	2	3	4	5	N/A
H. Seating	1	2	3	4	5	N/A
I. Other: _____	1	2	3	4	5	N/A

8. Quality of Judge

A. Dressed Properly	1	2	3	4	5	N/A
B. Good Attitude	1	2	3	4	5	N/A
C. Knowledge of Class Rules	1	2	3	4	5	N/A
D. Consistent Scoring	1	2	3	4	5	N/A

Judge-Specific Comments: _____

9. Other Suggestions: _____

Would you like to be contacted by an officer or board member? Yes No

Contact Information:

Name:

Phone or Email: