



Stewards Show Report Form

Show Venue: Date:

Show Category:

Name of Judge/s:

Name of Course Designer:

Arrival time: Departure time:

Schedule and Programme

Did the programme conform to the schedule: Yes No

Please specify any changes:

Time first class started: Time last class finished:

	Steward Comments
Quality of surface(s) in competition arena(s)	
Quality of surface(s) in warm up arena(s)	
Jumps	
Arena seating/spectator viewing	
Judging Facilities	
Stable Available (where applicable)	
Health & Safety	
Show Organisation	
Parking Facilities	
Medical cover	
Catering	
Toilets	
Other	



**Stewards
Show Report Form**

Judges Comments:

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Course Designer Comments:

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Rider Comments:

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Any Other Matters of Note :

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For the Specific Attention of the Development Officer:

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Name: Membership No:

Signed: Date: