

EXHIBITOR REPORT FORM



NAME OF COMPETITION: _____

DATE _____ How Many Horses Exhibited: _____

What Class(es): _____

	YES	NO	COMMENTS:
Facilities Adequate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food service & washrooms adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parking adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ring: safe?	<input type="checkbox"/>	<input type="checkbox"/>	_____
rideable/	<input type="checkbox"/>	<input type="checkbox"/>	_____
set for level of comp/horse/rider/class?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Warm-up area adequate	<input type="checkbox"/>	<input type="checkbox"/>	_____
Judging - good?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Steward doing their job?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vet & Farrier available?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rule Book Requirements Fulfilled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secretary efficient	<input type="checkbox"/>	<input type="checkbox"/>	_____
Did you place?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communication system adequate?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prize money in a good ratio to entry fees?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Competition run on time?	<input type="checkbox"/>	<input type="checkbox"/>	_____

GENERAL COMMENTS:

Name (please print): _____ OEF#: _____

Signature: _____ Date: _____

PLEASE RETURN TO:

ONTARIO EQUESTRIAN FEDERATION
9120 Leslie Street, Suite 203, Richmond Hill, ON, L4B 3J9
phone: 905-709-6545 fax: 905-709-1867 toll free: 1-877-441-7112