

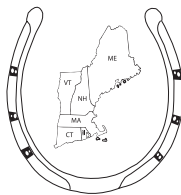
New England Horsemen's Council, Inc.

NEHC STEWARD REPORT

Please return within 14 days after the show to:

Kathi Dunn
Prize List Editor
2 Love Lane
Sandown, NH 03871

Tel. 603.887.NEHC(6342)
Fax: 603.887.5252



REPORTING
STEWARDS: _____

Name of Show: _____ Judge (s): _____

Location: _____
City State

Show Date (s): _____

Start Time (s): _____

End Time (s): _____

Please check the appropriate boxes and return to the NEHC Prize List Editor:

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1. Did you receive prize list information from the Prize List Editor? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were NEHC corrections from the Prize List Editor posted and visible at Secretary's Booth? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were NEHC membership applications available at Secretary's Booth? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the judges provided with scoring cards? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were the judges provided with complete class specifications clearly printed? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Was the first class started within fifteen minutes of time stated in the prize list? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were there any avoidable delays between classes? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was sufficient secretarial help available? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were competent ringmasters and/or jump crews provided? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Were gate attendants provided as required? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did the Show Rings conform to NEHC standards? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Did the Hunt Course conform to NEHC standards? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Did any classes run after sunset without adequate lighting? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were clean, adequate toilet facilities provided? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were adequate parking facilities provided? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Was drinking water available and convenient? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Were food and refreshments available? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Was the public address system adequate? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If weather conditions required, were facilities available for watering down rings and/or hunt course? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. If the show was run on two or more consecutive days, was adequate stabling, feed and hay provided? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. Did NEHC Medal Classes take place?

- | | | | | |
|---|------------------------------|-----------------------------|---------------------------------|-------------|
| <input type="checkbox"/> Hunter - Jr. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |
| <input type="checkbox"/> Hunter - Adult | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |
| <input type="checkbox"/> Western/Reining - Jr. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |
| <input type="checkbox"/> Western/Reining - Adult | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |
| <input type="checkbox"/> Saddle Seat | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |
| <input type="checkbox"/> Hunt Seat Pleasure - Jr. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Number of Riders in Class _____ | Date: _____ |

22. Did the course meet NEHC specifications?

Explain: _____

23. Were the following services available:

	ON GROUNDS	ON CALL	NOT AVAILABLE
EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blacksmith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Were phone numbers available for above services?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any injuries at the show?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached the medical report?	<input type="checkbox"/>	<input type="checkbox"/>

24.

How would you rate Show Management?
(Scale of 1 to 5)

1=Poor _____

2=Below Average _____

3=Average _____

4=Above Average _____

5=Excellent _____

Comments: _____

25. In the spaces provided below, please list positive feedback or any rule violations, unusual occurrences or extenuating circumstances regarding failure to meet show standards.

A. List positive features of the show, if any:

B. List features that need improvement or correction, if any: _____

C. List any substitutions and State Division or Classes judged.

Steward's Name: _____ (Please Print) _____ Signature

Recognized Stewards are governed by the provisions of the current Regulations. The Steward is responsible for a complete knowledge of the regulations, duties and authority which pertain to his/her office. He/she is reminded that they have no authority in connection with the management or judging of the show. He/she shall keep themselves available to Judges, exhibitors and the Show Committee to clarify the application of the rules of the Council and to investigate any situation where the rules of the Council are involved. It is their duty to observe and report immediately any instance of a violation of the rules to the Show Committee and make recommendations for the improvement of the show. **Violations and recommendations must be included in this report.**

Date: _____

Street or P.O. Box: _____

City: _____ ST: _____ Zip _____

Telephone or Cell: _____

Email: _____

Please return your report within 14 days to:
Kathi Dunn
NEHC Steward Reports
2 Love Lane
Sandown, NH 03873
OR email kathi@nehc.info
(or \$50 fine may be applicable)