



NEHC STEWARD REPORT

REPORTING STEWARD:

Please return within 14 days after the show to:

Kathi Dunn, Prize List Editor, 28 Oak Hill Drive, Hampstead, NH 03841

Name of Show: Location: Show Date (s): Start Time (s): End Time (s): Judge (s):

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

- 1. Did you receive prize list information from the Prize List Editor?
2. Were NEHC corrections from the Prize List Editor posted and visible at Secretary's Booth?
3. Were NEHC membership applications available at Secretary's Booth?
... 20. If the show was run on two or more consecutive days, was adequate stabling, feed and hay provided?

21. Number of horses/ponies participating at the show? #

22. Did NEHC Medal Classes take place?

- Hunter - Jr. YES NO Number of Riders in Class Date:
Hunter - Adult YES NO Number of Riders in Class Date:
Western/Reining - Jr. YES NO Number of Riders in Class Date:
Western/Reining - Adult YES NO Number of Riders in Class Date:
Saddle Seat YES NO Number of Riders in Class Date:
Hunt Seat Pleasure - Jr. YES NO Number of Riders in Class Date:
Hunt Seat Pleasure - Sr. YES NO Number of Riders in Class Date:

23. Did the course meet NEHC specifications?

Explain:

24. 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"/>

25.

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

1=Poor \_\_\_\_\_

2=Below Average \_\_\_\_\_

3=Average \_\_\_\_\_

4=Above Average \_\_\_\_\_

5=Excellent \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. 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**  
**28 Oak Hill Drive**  
**Hampstead, NH 03841**  
**OR email [kathi@nehc.info](mailto:kathi@nehc.info)**  
*(or \$50 fine may be applicable)*