



<b>CONNECTICUT HUNTER &amp; JUMPER ASSOCIATION STEWARD AND MEMBER SHOW REPORT</b>	
SHOW NAME: _____	DATE: _____
STEWARD: _____	START TIME: _____ END TIME: _____

In order to obtain information as to the conduct and facilities at Member Shows, the Standards Committee urges you to complete this questionnaire. The information will enable the Committee to evaluate the quality of each show.

- |   |  |
|---|--|
| <p>1. Was the show run off promptly? Y___ N___</p> <p>2. If answered No to #1, circle reason: Weather<br/>Inexperienced or inadequate jump crew<br/>Scheduling Too many classes Too many horses</p> <p>3. Were sufficiently knowledgeable personnel provided to carry out all details? Y___ N___</p> <p>4. Was the show conducted in accordance with CHJA rules? Y___ N___</p> <p>5. Was a veterinarian on call? Y___ N___</p> <p>6. Was a veterinarian present throughout the show? Y___ N___</p> <p>7. Was an ambulance or suitable equipment Y___ N___</p> <p>8. Was a blacksmith present? Y___ N___</p> <p>9. Were rings of suitable size? Y___ N___</p> <p>10. Were rings in good condition and properly constructed? Y___ N___</p> <p>11. Were Hunter courses in good condition and properly constructed? Y___ N___</p> <p>12. Were Jumper courses in good condition and properly constructed? Y___ N___</p> <p>13. Was the footing good? (slippery, hard) Y___ N___</p> <p>14. Was the secretary's office sufficient? Y___ N___</p> <p>15. Were communications good between announcer, ring master and secretary? Y___ N___</p> <p>16. Was schooling and warm up area provided and properly supervised to allow use by all breeds, particularly prior to their specific classes? Y___ N___</p> | <p>17. Was good stabling available if applicable? Y___ N___</p> <p>18. Were there adequate seating facilities? Y___ N___</p> <p>19. Were parking facilities adequate? Y___ N___</p> <p>20. Were food and refreshments available? Y___ N___</p> <p>21. Did the show provide fire protection? Y___ N___</p> <p>22. Did the show provide watering facilities? Y___ N___</p> <p>23. Were there adequate toilet facilities? Y___ N___</p> <p>24. Were rings, grounds, paddocks and stalls properly lit? Y___ N___</p> <p>25. Was Management cooperative with exhibitors? Y___ N___</p> <p><b>26. Were the CHJA Class Descriptions available for the judges?</b></p> <p><b>27. Were CHJA Class Descriptions and Membership Applications available at the Secretary's booth for the exhibitors?</b> Y___ N___</p> <p>28. Comments _____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____<br/>_____</p> |
|---|--|

**Please return to the CHJA Standards Secretary within 14 days of date of show: Lynn Taylor, 395 South Road, New Hartford, CT [taylorlynn58@gmail.com](mailto:taylorlynn58@gmail.com)**

Please circle capacity: Judge Steward Owner Trainer Rider Groom Spectator Other \_\_\_\_\_

Signature \_\_\_\_\_ Additional comments on back of form Y\_\_\_ N\_\_\_  
**Other than the Steward, signature is not mandatory, however if signed, names will be kept confidential.**