

Four Winds Equestrian Center Horse Show Evaluation Form

Show Name: **2010 Buckle Series Shows**

Show Date: _____

Judge: _____

I am a (check all that apply)

- Youth
- Amateur
- Novice
- Parent with child exhibitor in show
- Professional trainer/instructor
- Volunteer coordinator for youth or other group
- Owner of a horse in show
- Vendor
- Show staff volunteer
- Other (please specify) _____

Please rate each item 1 through 5, with 1=Poor and 5= Excellent (write number on line)

- Overall Facility
- Arena Quality
- Foodservice
- Hospitality
- Vendors
- Horse Services (Farrier, Vet, etc.)
- Ribbons and Awards
- Prize Money
- Show Office Personnel
- Quality of Classes Offered
- Number of Classes Offered
- Quality of Judging

How did you hear about this show?

Why did you come to this show?

What did you like best?

What did you like least?

What would you change about this show?

Do you plan to return next year?

YES NO NOT SURE

Other Comments or Suggestions?

Your Name (OPTIONAL): _____

Your City: _____ Your State: _____

Return to:

Shows
Four Winds Equestrian Center
2604 280th Avenue
Salem, WI 53168
FAX: 262-537-3282
EMAIL: shows@4wec.com