

OHJA encourages all parties involved in an approved show to submit an evaluation. This helps ensure that standards are being met and rules are being followed. **Unsigned forms will not be accepted.**

Show Name _____ **Show Date** _____

Show Location _____
city/state/zip stable/facility name

Judge _____

Check “Yes” or “No” to each question, and please provide details on any “No” answer below

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did the show start on time? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Did the show run smoothly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Did the show follow OHJA rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Was management cooperative with exhibitors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Was the secretary’s office efficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Were OHJA membership applications, show rules and show reports available to exhibitors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Were courses properly constructed and rideable? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Was the jump crew efficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Were the ring(s) size and footing good quality? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Was the schooling area convenient and set with adequate fences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Were food and refreshments available when exhibitors arrived at the show? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Were restroom facilities adequate and clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Were the communications good between announcer, warm-up ring and barns? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Was the paddock master efficient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Was stabling good, if available? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Was water convenient for the horses? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Were emergency facilities arranged for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Was there a blacksmith and veterinarian on call? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Was judging done in accordance with OHJA rules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Was the judge impartial and prompt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Comments or Suggestions _____

Full Name _____ **Capacity** Exhibitor Spectator Judge
 Show Official OHJA Representative

Signature _____