



Show Committee's Confidential Evaluation Report of Stewards

This information will be kept confidential.

The Judge's and Steward's Committee needs your feedback in order to continually improve your PFHA Stewards. In addition, this information is used by the Committee in areas like decisions for promotion to Senior Certified Steward and ongoing evaluation of all stewards. Your thoughts allow us to focus attention on areas of stewarding that should be stressed in upcoming clinics. Please share your thoughts with us in an open, objective and informative way.

THIS REPORT SHOULD BE COMPOSITE OPINION OF THE SHOW COMMITTEE FOR THIS SHOW. IT SHOULD BE SIGNED BY THE SHOW CHAIRPERSON FOR THE SHOW.

IF YOU ANSWER "NO" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE WRITE AN EXPLANATION. Additional Comments for "Yes" answers are also appreciated.

Name of Steward: _____ Date of Show: _____

Regional Group Sponsor: _____

Circle all that apply:	AP Show	AP/USEF Show	AP/I Show
	AB Show	AB/USEF Show	Local Show

Please use the back of this form or additional sheets for any additional comments:

1. Did the Steward arrive at the show grounds at the designated time? Yes No
2. Was the Steward dressed appropriately? Yes No
3. Did the Steward make himself/herself available to the exhibitors
and show officials/management? Yes No

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4. Were the following duties performed by the steward? Please check applicable:

- Barn and facilities supervision
- Verification that all entries were correctly represented
- Observation of main ring and warm up areas
- Verification that all judges and show management were properly certified
- Report all complaints and concerns to the appropriate personnel
- Facilitate conferences with exhibitors and judges as needed
- Enforce rules to best of ability to permit correction when practical and fair

5. Did the Steward wear identification? Yes No

6. Was the demeanor of the Steward positive, respectful and helpful to both exhibitors and show management? Yes No

7. Would you use this Steward Again? Why, or why not?

Show Chairperson Signature: _____

Date: _____

Please return this form with your show results to:

Paso Fino Horse Association

1003 Twilight Trail Suite 2

Frankfort, KY 40601

(859) 689-3700

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