



Judge's Feedback Form

Show Date: _____ Show Name: _____ Judge's Name: _____

ALL INFORMATION BELOW IS OPTIONAL

Please provide rating from 1-5 (1=poor and 5=excellent)

FACILITY:

Center Ring: _____ Track Condition: _____ Rest Rooms: _____ Parking: _____

COMMENTS:

SHOW MANAGEMENT:

Directions to Facility: _____ Hotel Accommodations: _____ Promptness of Start Time: _____

Water/Sodas/Lunch Provided: _____ Adequate Staff (announcer, gatekeeper, etc.): _____

COMMENTS:

OTHER COMMENTS OR SUGGESTIONS: (Overall Quality of the horses/exhibitors/spectators, etc.)
