

22. Were the following services available:

	ON GROUNDS	ON CALL	NOT AVAILABLE
EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blacksmith	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Were phone numbers available for above services?	<input type="checkbox"/>	<input type="checkbox"/>
Were there any injuries at the show?	<input type="checkbox"/>	<input type="checkbox"/>
Have you attached the medical report?	<input type="checkbox"/>	<input type="checkbox"/>

23.

**How would you rate Show Management?**  
(Scale of 1 to 5)

1=Poor \_\_\_\_\_

2=Below Average \_\_\_\_\_

3=Average \_\_\_\_\_

4=Above Average \_\_\_\_\_

5=Excellent \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

24. In the spaces provided below, please list positive feedback or any rule violations, unusual occurrences or extenuating circumstances regarding failure to meet show standards.

A. List positive features of the show, if any:

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B. List features that need improvement or correction, if any: \_\_\_\_\_

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C. List any substitutions and State Division or Classes judged.

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Steward's Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Street or P.O. Box: \_\_\_\_\_

Town or City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Telephone or Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Please return your report within 14 days to:**  
**Kathi Dunn**  
**NEHC Steward Reports**  
**234 Kingston Rd.**  
**Danville, NH 03819**  
*(or \$50 fine may be applicable)*