



NWAHJA Survey - Trainers Form

Please return this survey to the NWAHJA registration table or to
Laura McKenzie- Show Positions Manager at:
10059 W. High Meadows Dr. Rogers AR, 72756
(479) 530-1241 lakepointfarm@yahoo.com

Please fill out to improve the quality of our shows

Show Name/ show date: _____

Location: _____

I trained _____ many students/ horses at this horse show

Please rate each category with 1- 5 (1 = poor; 2 = average; 3 = good; 4 = very good; 5 = excellent)

- | | | | |
|--------------------------------|-------------------------------------|---------------------------------|-----------------------|
| ___ Riding Facility Overall | ___ Scheduling Overall | ___ Awards Overall | ___ Office Staff |
| ___ Footing | ___ Start Finish Time | ___ Presentation/ Distribution | ___ Hospitality |
| ___ Dust control | ___ Cancellations/ Combined classes | ___ Quality of ribbon/ trophies | ___ Office Procedures |
| ___ Warm-up Arena Ring Size | ___ Schedule Changes | ___ Show Management Overall | ___ Ring Crew |
| ___ Performance Ring Size | ___ Course Design Overall | ___ Announcer(s) | ___ Overall Amenities |
| ___ Stabling | ___ Appearance of jumps | ___ Paddock Master (s) | ___ Restroom(s) |
| ___ Communication Sound System | ___ Minimum Fence Height Met | ___ Coggins checker(s) | ___ Concession(s) |
| ___ Parking | ___ Adequacy of Warm-up Fences | ___ EMT(s) | ___ Spectator Seating |

If you could change one thing before the next show, what would it be? _____

What did you like best? _____

What did you like least? _____

Do you plan to return to the next show? Yes _____ No _____ Not Sure _____

Other suggestions: _____

(Optional) Name: _____

Thank you for taking the time to complete the survey. Additional comments may be made on the reverse of this form.