



# NWAHJA Survey

Please return this survey to the 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 help make our shows better*

Show Name/ Show date: \_\_\_\_\_

Location: \_\_\_\_\_

I participated as (Please check to all that apply):

- Junior \_\_\_\_\_
- Amateur \_\_\_\_\_
- Professional \_\_\_\_\_
- Owner \_\_\_\_\_
- Trainer \_\_\_\_\_
- Volunteer \_\_\_\_\_
- Spectator \_\_\_\_\_

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

\_\_\_\_ Facility

\_\_\_\_ Course Designer

\_\_\_\_ Footing

\_\_\_\_ Show Office Personnel/ Hospitality

\_\_\_\_ Warm-up Arena Ring Size

\_\_\_\_ Show Office Procedures

\_\_\_\_ Performance Ring Size

\_\_\_\_ Ribbons/ Trophies

\_\_\_\_ Classes Offered

\_\_\_\_ General Amenities

\_\_\_\_ Officials

\_\_\_\_ Concessions

How did you hear about this show? \_\_\_\_\_

What was the primary reason for coming to this show? \_\_\_\_\_

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/ Barn affiliation: \_\_\_\_\_

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