



# EVENT EVALUATION FORM

Name:

\_\_\_\_\_

Last

First

M.I.

Address:

\_\_\_\_\_

Street

City

State

Zip

AQHA ID#:

\_\_\_\_\_

Show Name:

\_\_\_\_\_

City & State:

\_\_\_\_\_

Show Date:

\_\_\_\_\_

I am a (check all that apply)

- YOUTH
- AMATEUR/SELECT
- NOVICE
- OPEN COMPETITOR
- AQHA PROFESSIONAL HORSEMEN
- TRAINER
- OWNER
- VENDOR
- PAID SHOW MANAGER OR EMPLOYEE
- SHOW VOLUNTEER
- RING STEWARD
- \_\_\_\_\_

OTHER (PLEASE SPECIFY)

Please check one:

- This is my first time at an AQHA approved show
- I have been to an AQHA approved show before  
Please specify # of times \_\_\_\_\_
- I typically show at AQHA approved shows
- I always show at AQHA approved shows

Please rate each item 1 through 5:

(1-Poor; 2-Average; 3-Good; 4-Very Good; 5-Excellent; n/a-not applicable)

- \_\_\_ Overall Facility
- \_\_\_ Stall Safety
- \_\_\_ Facility Cleanliness
- \_\_\_ Arena Quality
- \_\_\_ Food Service
- \_\_\_ Hospitality/Exhibitor Parties
- \_\_\_ Vendors
- \_\_\_ Horse services (farrier, veterinarian, etc.)
- \_\_\_ Trophies/Awards/Ribbons
- \_\_\_ Schedule Fees
- \_\_\_ Prize Money
- \_\_\_ Show Office Personnel
- \_\_\_ Classes offered
- \_\_\_ Judging

How did you hear about this show?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you come to this show?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like the best?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did you like least?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What would you change about this show?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you plan to return next year?

- Yes
- No
- Not Sure

Other Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_