

Progressive Show Jumping, Inc. Stewards Report

Return within seven days after completion of show

Name of competition: _____

Date: _____ Location: _____

Competition Manager: _____

Address: _____

Phone number: _____

Secretary: _____ # _____

Judges: _____

Course Designer: _____

Announcer: _____

Other sanctioning associations: _____

Competition

Did the competition follow current PSJ guidelines? _____

Were all the entry blanks signed by the exhibitor, owner and trainer? _____

How many horses were exhibited? _____

List the approximate number of exhibitors per division on the show schedule and attach.

Was there a qualified medical representative at the show during show hours? List name and telephone number. _____

Were there any incidents requiring medical attention? If yes, please explain. _____

Was there a qualified veterinarian present or on call during show hours? List veterinarian's name and telephone number. _____

Was there a qualified blacksmith present or on call during show hours? List blacksmith's name and telephone number. _____

Were the rings and schooling areas adequate and safe? _____

Was adequate and safe stabling provided? _____

List any substitutions, additions or changes to the officials in the prize list. _____

Were there any changes made to the prize list? Explain _____

Give start and finishing time of each ring each day. _____

Were there conflicts? State reasons: _____

Competition Standards

The following is to indicate the overall quality of the competition. Indicate (above average, average or below average) as a response for each question. If below average is indicated, list reasons why.

Management & personnel: _____

Communication: _____

Competition grounds: _____

Stabling: _____

Rings: _____

Schooling Area: _____

Concession food: _____

Additional Comments

List outstanding features of the competition, if any. _____

List areas of improvement or corrections, if any. _____

List any additional circumstances arising at the competition that you feel important. _____

Steward Information

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____

Signature: _____ Date: _____

Email address: _____

PLEASE INCLUDE A COPY OF THE PRIZE LIST WITH STEWARD'S REPORT.

Please return to: PSJ, Inc
147 Warehouse Rd
Aiken, SC 29801
803-649-3505 / 803-649-3577 fax
psjshows@aol.com