

EXHIBITOR EVALUATION FORM

Fill in the blanks:

NAME (OPTIONAL) : _____

AQHA ID (OPTIONAL) : _____

SHOW NAME/NUMBER _____

SHOW MANAGER NAME _____

SHOW DATE _____

JUDGES _____

WHERE DO YOU LIVE? _____

I AM A (CHECK ALL THAT APPLY):

- YOUTH
- AMATEUR/SELECT
- NOVICE
- OPEN COMPETITOR
- AQHA PROFESSIONAL HORSEMAN
- TRAINER
- OWNER
- VENDOR
- PAID SHOW MANAGER OR EMPLOYEE
- SHOW VOLUNTEER

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
- 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
- ARENA QUALITY
- FOOD SERVICE
- HOSPITALITY/EXHIBITOR PARTIES
- VENDORS
- HORSE SERVICES (FARRIER, VETERINARIAN, ETC.)
- TROPHIES/AWARDS/RIBBONS
- 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 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:
