

WISCONSIN QUARTER HORSE ASSOCIATION
EXHIBITOR EVALUATION FORM

.....
NAME (OPTIONAL) : _____

SHOW NAME _____ SHOW DATE _____

SHOW MANAGER NAME _____

I AM A (CHECK ALL THAT APPLY) :

- ___ YOUTH
- ___ AMATEUR
- ___ SELECT
- ___ NOVICE
- ___ OPEN COMPETITOR
- ___ AQHA PROFESSIONAL HORSEMAN
- ___ TRAINER
- ___ OWNER
- ___ VENDOR
- ___ VOLUNTEER
- ___ SPECTATOR

PLEASE RATE EACH ITEM 1 THROUGH 4
(1- POOR) (2-AVERAGE) (3-GOOD) (4-EXCELLENT)

- ___ OVERALL FACILITIES
- ___ ARENA QUALITY
- ___ VENDORS
- ___ HORSE SERVICES (FARRIER, VET, ETC)
- ___ FOOD SERVICE
- ___ AWARDS
- ___ SHOW PERSONNEL
- ___ CLASSES OFFERED
- ___ JUDGES

OTHER (PLEASE SPECIFY)

WHAT DID YOU LIKE BEST ABOUT THIS SHOW?

PLEASE ALL THAT APPLY:

- ___ I AM A WQHA MEMBER
- ___ I AM NOT A WQHA MEMBER
- ___ THIS IS MY FIRST TIME AT A WQHA SHOW
- ___ I GENERALLY SHOW IN WISCONSIN
- ___ I GENERALLY SHOW OUTSIDE WISCONSIN

WHAT DID YOU LIKE LEAST ?

OTHER SUGGESTIONS:

WHAT WOULD YOU CHANGE?

PLEASE RETURN TO:
Joe Spak
S74 W25805 Hilo Dr
Waukesha, WI 53189

Thank You