



# MASSACHUSETTS HORSEMEN'S COUNCIL, INC.

## REPORT OF THE M.H.C. STEWARD

HORSE SHOW  DATE

|                                |                      |                      |                      |                                |                      |                      |                      |
|--------------------------------|----------------------|----------------------|----------------------|--------------------------------|----------------------|----------------------|----------------------|
|                                | start                | end                  | date                 |                                | start                | end                  | date                 |
| <input type="checkbox"/> 1 Day | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 2 Day | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> 3 Day | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 4 Day | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Recognized Stewards are governed by the provisions of the current regulations. The Steward is responsible for a complete knowledge of the regulations, duties and authority which pertain to his office. He is reminded that he has no authority in connection with the management or judging of the show. He shall keep himself available to the judges, exhibitors and the Show Committee to clarify the application of the rules of the Council and to investigate any situation where the rules of the Council are involved. It is his duty to observe and report immediately any instance of a violation of the rules to the Show Committee and make recommendations for the improvement of the show.

**Please check the appropriate box and return to the MHC**

|   | Yes                                   | No                       | On call                  |
|---|---------------------------------------|--------------------------|--------------------------|
| 1. Did the show rings/hunt course conform to MHC standards?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 2. Were clean, adequate toilet facilities provided?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 3. Were adequate parking facilities provided?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 4. Was water available and convenient?  | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 5. Were food and refreshments available?  | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 6. Did the show manager have available a current copy of the MHC rule book?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 7. Were there membership applications at secretaries booth?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 8. Was sufficient secretarial help available?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 9. Were competent ringmasters, gate attendances and/or jump crews provided?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 10. Was the public address system adequate?   | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 11. Were names and telephone numbers available for veterinarian, blacksmith, first aid or ambulance service, and fire and police stations?  | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 12. If weather conditions required, were facilities available for watering down rings and/or hunt course?   | <input type="checkbox"/> N/A          | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. If the show was run on two or more consecutive days, was adequate stabling, feed and hay provided?  | <input type="checkbox"/> N/A          | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Were the following services available on the grounds for the run of the show?   |                                       |                          |                          |
|   | EMT <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Ambulance <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Police <input type="checkbox"/>       | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Veterinarian <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Blacksmith <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Was a valid Certificate of Insurance naming the MHC posted in the show office?  | <input type="checkbox"/>              | <input type="checkbox"/> |                          |
| 16. Number of horses at show? <input type="text"/>  |                                       |                          |                          |
| 17. Please give your overall impression of the show. Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> |                                       |                          |                          |

Please here, on the back or on another sheet, list the positive features, areas that need improvement, rule violations, unusual occurrences, extenuating circumstances regarding failure to meet show standards, and any injury to rider or horse.

|  |      |
|--|------|
| Name of Judge or Judges                | Date |
| Name of Steward (Print Legibly & Sign) |      |

**\*\*\* Failure to file report within 14 days to MHC: Fine \$50.00 \*\*\***