



SOUTH CAROLINA HUNTER AND JUMPER STEWARDS REPORT

RETURN WITHIN 7 DAYS TO:

South Carolina Hunter and Jumper Association
P. O. Box 1143
Columbia, S. C. 29202

NAME OF
COMPETITION: _____

DATE: _____ LOCATION: _____

NAME OF COMPETITION MANAGER: _____

ADDRESS: _____

TELEPHONE: (DAYTIME) _____ (EVENING) _____

EMAIL: _____

PART I - COMPLIANCE WITH RULES

1. Was the competition run in accordance with current SCHJA rules? Yes No
 2. Were there any instances of abuse to a horse observed or reported to you? If yes, please explain and attach documentation. Yes No
 3. Were any charges or protests made in accordance with SCHJA rules? If yes, please attach documents. Yes No
 4. Was there any instance of misrepresentation of a horse or rider's identity or eligibility for a class? If yes, indicate violation and rule and whether or not a charge or protest was made and attach to this document. Yes No
 5. How many horses were exhibited in total? # _____
Please list approximate numbers by division and attach.
 6. Were qualified medical personnel and equipment provided during all scheduled schooling sessions over fences and all scheduled performances? Yes No
- Were any incidents reported to you that required the services of medical personnel and/or an ambulance? Yes No
If yes, please explain on an attached sheet.

3. Competition Grounds: Above Average Average Below Average
4. Stabling: Above Average Average Below Average NA
5. Schooling/Exercise Areas: Above Average Average
Below Average NA
6. Hunter Rings: Above Average Average Below Average NA
7. Jumper Rings: Above Average Average Below Average NA
8. Ring for flat classes: Above Average Average
Below Average NA
9. Food Service: Above Average Average Below Average NA

PART III - ADDITIONAL COMMENTS

Use this area only for additional comments regarding Parts I or II of this report. IF YOU PREFER CHARGES AGAINST A VIOLATOR, COMPLETE THE ENCLOSED CHARGE/FORM AND RETURN IT WITH YOUR STEWARDS REPORT TO THE HEARING COMMITTEE. IF NO CHARGES ARE FILED FOR A VIOLATION PLEASE EXPLAIN FULLY THE REASON FOR NOT TAKING ACTION.

1. List outstanding positive features of the show , if any:

2. List features that need improvement or correction, if any:

3. Describe any additional circumstances arising at the competition you feel important to include: attach any relevant documentation.

PART IV - STEWARD INFORMATION

Please print and fill out completely.

NAME _____ MEMBERSHIP NUMBER _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE NUMBERS (DAYTIME) _____ (EVENING) _____

SIGNATURE _____ DATE _____