

sreport
SOUTH CAROLINA HUNTER AND JUMPER STEWARDS REPORT

RETURN WITHIN 7 DAYS TO:

South Carolina Hunter and Jumper Assn.
P. O. Box 511
Camden, S. C. 29020-0511

NAME OF COMPETITION: _____

DATE: _____ LOCATION: _____

NAME OF COMPETITION MANAGER: _____

ADDRESS: _____

TELEPHONE: (DAYTIME) _____ (EVENING) _____

PART I - COMPLIANCE WITH RULES

In accordance with the current SCHJA rule book, please circle the appropriate response for all questions and fill in the blanks where required. If a problem is indicated in any of the answers to the following, please explain fully at the end of this report.

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. Were all entry blanks signed by either the exhibitor, parent or legal guardian and/or trainer? Yes No
5. Were SCHJA Membership numbers provided for riders, owners, lessees, agents and trainers on entry blanks? Yes No
6. 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. Yes No

| | | |
|-------|-------|-----------|
| RIDER | HORSE | VIOLATION |
|-------|-------|-----------|

7. How many horses were exhibited in total? # _____
Please list approximate numbers by division and attach.

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8. Where required, did the competition secretary check to see that all animals were in possession of a current measurement card prior to issuing an entry number? Yes No
- Were those not in possession of a card measured in accordance with the current AHSA/SCHJA rules?
 Was a dry, flat surface available for measuring horses?
 Name the officials who measured, and horses/ponies measured.
9. 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.
10. Was a qualified veterinarian present or on call throughout the competition? Present On call
 List veterinarian's name and telephone number if not listed in prize list.
11. Was a qualified blacksmith present or on call throughout the competition? Present On call
12. Were schooling and exercise areas adequate and safe? Yes No
- Was the schooling area open at least one hour prior to and during the competition? Yes No
13. Were the following available?
 Signaling devices Yes No
 Timers Yes No
 Approved measuring stick Yes No
14. Were jump courses and/or jump orders posted? Yes No
15. Was adequate and safe stabling provided? Yes No NA
16. Were all judge(s), steward(s) and course designers eligible to officiate in the classes in which they officiated? Yes No

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List each division that each eligible judge officiated:

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- 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

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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 _____

