

## Rally & Facilities Evaluation

*(copy single-sided\*)*

To ensure that all rallies are fair and run efficiently, please tell us what you think about this rally. Take a few minutes to fill out this form. Return this form to the HMO or to the Rally Secretary.

PLEASE answer each question as truthfully as possible.

Rally Region: \_\_\_\_\_ Discipline: \_\_\_\_\_

Date: \_\_\_\_\_ Rating/Level: \_\_\_\_\_

### THE RALLY

Was the rally well organized?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Did you have enough time for each activity? If NO, where did you need more time?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Was this a learning experience for you/your team?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Were you given a chance to ask all of your questions? If No, why were your questions not answered?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
Could you show your best efforts?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]
What would you like to see changed for next time?	
What did you like best?	

### THE FACILITY

Name of Facility \_\_\_\_\_ Location: \_\_\_\_\_

Were the grounds adequate for each phase of the competition?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
Did you have enough room to warm-up?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
Did you have a good place to longe?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
Did you have enough water for you and your horse?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
Were the Farrier and Veterinarian available and adequate?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
Were the bathrooms on the grounds adequate?	Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ] SoSo [ <input type="checkbox"/> ]
What did you like most?	

Name: (optional) \_\_\_\_\_

Competitor/Team-Ratings: \_\_\_\_\_ or Title: RS \_\_\_\_\_ Organizer \_\_\_\_\_ AHMJ \_\_\_\_\_

**Note to the HMO or Rally Organizer - this page stays in the region**

- Copy this page single-sided - not double sided, since this page will be retained by the region\*
- This form should be distributed to and completed by each:

- Team (1 per team)
- Assistant HMJ
- Regional Supervisor
- Rally Organizer