

## STEWARD'S REPORT AND EVALUATION

Please complete this form in its entirety and return to the EEH Office within 10 days post-event.

ward's Nam	LAST	FIRST	M.I.	
ent Name:		Event Date:		
ent Manager:		Manager Phone #:		
PLEAS	E DARKEN THE APPROPRIATE SQUARE AI	ND, IF NEEDED, PROVIDE DOCUM	IENTATION BELOW.	
mpliance w	ith Rules and Regulations:			
			YES	NO
	ere any instances of equine cruelty or abustion:	*	?	0
	y protests filed at this event?tion:		_	0
	ere any pony measurement challenges at tl tion:			0
	ere any instances of poor sportsmanship th		_	0
	ere any human accidents/injuries during th		_	С
	ere any equine accidents/injuries during th		O	С

<b>Evaluation of Event Management:</b>									
1.	Event Management's knowledge of the NC 4-H Horse Program Rules and Regulations Manual.								
	O Poor	Average	O Good	O Excellent					
2. Event Management's enforcement of the NC 4-H Horse Program Rules and Regulations Manual.									
	O Poor	Average	O Good	O Excellent					
Addit	ional Comments								
riuuri									
-									
-									
-									
Stewa	ard Signature:			Date:					

Completed report must be received within 10 days of the event. Email to <u>Alaina\_Cross@ncsu.edu</u> or mail to Extension Horse Husbandry, NCSU Box 7621, Raleigh, NC 27695