

New Zealand Western Riding Federation

C/- 49 Feathers Road, RD2 Rangiora
Canterbury 7472
secnzwrf@gmail.com
www.westernriding.co.nz



NZWRF Judge – Show Report

Judge Name: _____

Show: _____

Date: _____

Location: _____

Dear Judge:

Please complete the evaluation of the NZWRF approved show as listed above. Show committee to include with the show results to be sent to your show approver.

Date: _____	Start Time: _____	am / pm	Finish Time: _____	am / pm
Date: _____	Start Time: _____	am / pm	Finish Time: _____	am / pm
Date: _____	Start Time: _____	am / pm	Finish Time: _____	am / pm

Please circle one:

Management's knowledge of NZWRF Rules	Poor	Average	Good	Excellent
Management's ability to run show timely & according to schedule	Poor	Average	Good	Excellent
Ring stewards' knowledge of NZWRF rules	Poor	Average	Good	Excellent
Condition of equipment for Trail, Western Riding, Jumping, Games etc	Poor	Average	Good	Excellent
Arrangement for your meals, room & transportation	Poor	Average	Good	Excellent
Arena Condition	Poor	Average	Good	Excellent

Please Explain any scores listed as "Poor" below in writing, along with any other comments you may have:

Judge Signature: _____