

New Zealand Western Riding Federation

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NZWRF Show Managers Report

Show: _____ **Date:** _____

Venue: _____

	Excellent	Above Average	Average	Below Average	Poor
Venue					
Arena					
Equipment					
Officials					
Organisation					
Atmosphere					
Sportsmanship					

Comments: *Please expand on your responses above.*

Name: _____ **Signed:** _____