



SCDCTA COMPETITION EVALUATION FORM

Competition Name: _____ Date: _____

Hosting a show takes a great deal of time and effort. We hope you as a competitor had an enjoyable and safe showing experience. Please take the time to thoughtfully fill out the questionnaire so the show management can know what they did well and where they can make improvements. Thank you for your time

Why did you choose to attend this show? _____

What do you like best about this show and why? _____

What do you feel needs improvement to make the show better and why? _____

What is your opinion of the footing in the competition arena?

Excellent Very Good Good Fair Needs Improvement

Comments: _____

What is your opinion of the footing in the warm up area?

Excellent Very Good Good Fair Needs Improvement

Comments: _____

What is your opinion of the Show Management? _____

What is your opinion of the Show Official/Judge? _____

What is your opinion of the posting and availability of test results?

Excellent Very Good Good Fair Needs Improvement

Comments: _____

What is your opinion of the classes offered, entries, and prizes?

Excellent Very Good Good Fair Needs Improvement

Comments: _____

Overall thoughts: _____

Please attach any other sheets to this form.

Mail to:

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