NATIONAL WALKING HORSE ASSOCIATION -- POST SHOW REPORT FORM

Please complete this form and return it along with the NWHA class sheets and any funds due to:

NATIONAL WALKING HORSE ASSOCIATION
4059 Ironworks Pkwy, Suite 4
Lexington, KY 40511

Name of Horse Show __________________________

Location of Horse Show __________________________

Date(s) of Horse Show __________________________

Show Manager’s Name and Phone Number __________________________
Show Manager’s Address __________________________

Entries: Number this year __________ Number last year _______ Comments: __________________________

Horses: Number this year __________ Number last year _______ Comments: __________________________

Total Fees Due: ____________________(DQP Fees __________; Show Packet CD ($5.00/each, if purchased) __________)

On a scale of 1 to 10, with 10 being the best, please rate the following items. If additional space is needed for your comments, please use the back of this page.

_____ How do you rate the National Walking Horse Association (NWHA) DQP program? Comments: __________________________

_____ How do you rate the NWHA judging? Comments: __________________________

_____ How do you rate the CD of show manager materials that was sent from the NWHA? Comments: __________________________

_____ How do you rate the accessibility and help you received from the NWHA staff? Comments: __________________________

Will you affiliate your show with the NWHA next year? Yes No (please circle one) Comments: __________________________

What suggestions do you have to improve the NWHA’s affiliation program? __________________________

Signed __________________________ Date __________________________

(Revised 02/14/2011)