

2018 ECTRA Event Evaluation

Event Name _____

Start Date ____-____-____

Finish Date ____-____-____

Please circle answers and return to ride management before leaving the event!

What mileage did you ride? 10 - 15 - 20 - 25 - 30 - 35 - 40 - 50 - 60 - 70 - 80 - 100 Other_____

- | | | | | | | | |
|----|--|-------------|-----------|------------|---|---|----|
| 1 | Did you receive an acknowledgement & directions to the ride? | Yes / No | 1 | | | | |
| 2 | Was ride management helpful with questions or problems? | Yes / No | 2 | | | | |
| 3 | Were there enough knowledgeable and helpful volunteers? | Yes / No | 3 | | | | |
| 4 | Were pulse & respiration done professionally and on time? | Yes / No | 4 | | | | |
| | Were the judges knowledgeable and efficient? | | | | | | |
| 5 | Vet judge (name) _____ | Yes / No | 5 | | | | |
| 6 | Lay judge (name) _____ | Yes / No | 6 | | | | |
| 7 | Was the ride briefing informative? | Yes / No | 7 | | | | |
| | If no, did you attend? Yes / No | | | | | | |
| 8 | Was the ECTRA Event Rep. introduced? | Yes / No | 8 | | | | |
| | Please rate the following , on a scale from | HIGH | to | LOW | | | |
| 9 | Food & Refreshments | 5 | 4 | 3 | 2 | 1 | 9 |
| 10 | Campsite, stabling, and trailer parking | 5 | 4 | 3 | 2 | 1 | 10 |
| 11 | Markings consistent and easy to follow | 5 | 4 | 3 | 2 | 1 | 11 |
| 12 | Over all mileage correct | 5 | 4 | 3 | 2 | 1 | 12 |
| 13 | Hazardous areas described or marked well | 5 | 4 | 3 | 2 | 1 | 13 |
| 14 | Enough water on trail for horses | 5 | 4 | 3 | 2 | 1 | 14 |
| 15 | Enough time allowed for the length, terrain,
and weather conditions for the trail | 5 | 4 | 3 | 2 | 1 | 15 |
| 16 | Was this an overall good experience for you? | | | | | | 16 |
| 17 | Was this an overall good experience for your horse? | | | | | | 17 |
| 18 | How difficult would you rate this trail? 1-easy to 5-hard | 1 | 2 | 3 | 4 | 5 | 18 |
| 19 | ECTRA membership (circle one) Not a member - New - 1-2 years - 3 or more years | | | | | | 19 |
| 20 | Rider Name (optional)_____ | | | | | | 20 |

Managers must send to : Ben Fangman, 3018 Dublin Rd, Street MD 21154

Comments on back please