

Submit to:
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ECTRA Drive Questionnaire

Return to drive management at the end of the drive

In order to better evaluate our drives, and meet our goal of a safe and fun drive, we would appreciate your time in completing this form.

Name of Drive..... Date:.....
Name of Driver.....ECTRA #.....
Horse(s)..... /.....
ECTRA #..... /.....
Vehicle.....# of wheels.....



1. Was there a safety check? Yes....No....

2. Did you make changes after the check? Yes.... No....

3. Starting procedure:
Window before riders....Window after riders.... Drivers only.....

4. Was water for drinking/sponges safe for drivers? Yes....No....

5. Terrain- check one
...flatMostly hills
...mostly flat with some hills Steep hills

6. Footing-(majority) - check one
...sandyrocky ...hard dirt roads.... wooded trailmuddy

8. Humidityhighlow

9. Overall Difficultyeasymoderatestrenuousvaried

10. Hazardous sections of trail for carriages? Yes... No...
Please describe.....
.....

11. Comments to help improve this drive

