

HORSE SHOW ASSOCIATION OF AUSTRALIA INC.

SHOW REPORT COMPETITORS REPORT

SHOW DATE:..... VENUE.....

NAME OF CLUB/AFFILIATE.....

NAME OF COMPETITOR FILING REPORT.....

BREED ASSOCIATION COMPETITOR IS A MEMBER OF

PLEASE COMMENT ON THE FOLLOWING:

* VENUE (ACCESS/SUITABILITY, ETC)

* FACILITIES, INCLUDING ARENA

* EVENTS HELD / ADVERTISED ON PROGRAM

* ORGANISATION

* JUDGE (ABILITY / MANNERISM / PROFESSIONALISM)

* ATMOSPHERE

* SPORTSMANSHIP OF OTHER COMPETITORS

This competitors report has been put together on behalf of all the competitors at the show. It is understood that the content of this report is a representation of all competitors and I will not be personally accountable for it.

Date of Accident:.....Time of Accident:.....

Name of injured person.....

Where did Accident/Incident occur.....

Brief description of Accident/Incident.....

.....

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Type of injury.....

Who treated injured Person/Reported Incident?.....

Does the injury need further attention? Yes No

If Yes, please give details:

.....

Signature.....

Witness's Signature.....