



SASJ RIDERS REPORT

EVENT TITLE	
EVENT CATEGORY	
DATE	
VENUE	
OC/EVENT ORGANISER	

RIDERS NAME	
NATIONALITY	
EMAIL ADDRESS	
CELL NO	

The Purpose of this report is to give SASJ an overall view of the organization and running of the Event
 The Report must be completed and returned within 15 days of the Event at the latest.
 Any Unusual incidents, irregularities or items of special interest must please be noted.
 Thank you for taking the time to fill in this report accurately and completely as possible.

Please Circle Answer

SCHEDULE		
Did the event run according to the Schedule?	YES	NO
Proposals to the Schedule	YES	NO
If NO – Suggestions:		

SHOW OFFICE		
Was the draw done according to the SAEA Rules?	YES	NO
Were the classes drawn in time?	YES	NO
Was there a rider present at the draw?	YES	NO
Was there a judge present at the draw?	YES	NO

HORSE INSPECTION		
A first Horse Examination should be carried out as soon as possible after arrival, but in any case, before the Horse comes into contact with other Horses in the Event stables.		
Was this done?	YES	NO
Comments:		
Horse Inspection location & ground:		
Procedure:		

VETERINARY AND BLACKSMITH SERVICES	
Veterinary Services	
Blacksmith Services	

RIDERS	
Accommodation	
Shuttle Service	
Quality and availability of meals	

GROOMS	
Accommodation	
Quality and availability of meals	
Sanitary facilities	
WC	
Showers	
Cleanliness	

STABLING	
Size of the boxes	m x m
Width of the Stable passageway	
Water taps (enough / close)	
Ground (Indoor events)	
Hot water available	
Stable Security	

FACILITIES	
Main Arena Ground	
Exercise Arena Ground	
Maintenance of the ground	
Access from Stables to Arenas	
Environment	
Parking of trucks and trailers	

STEWARDING	
Presence	
Efficiency	
Timetables for training	

PROPOSALS

COMMENTS

INCIDENTS

MISCELLANEOUS

FOLLOW-UP AND IMPROVEMENTS		
Does further follow-up action have to be taken with the Event Organizer?	YES	NO
If YES: Please briefly describe the issue(s) to be followed up (refer to the relevant section in the report for details)		
Do you have any additional recommendations for future improvements to the event?	YES	NO
If YES: Please give a short description of areas for improvement and how they could be achieved.		

SUGGESTIONS

Riders Name	
Signature	
Date	

Please return to the SASJ National Office: tiffany@sashowjumping.co.za

Date Received by National Office: _____