



American Shetland Pony Club, Inc.,

American Shetland Pony Registry | American Miniature Horse Registry | American Show Pony Registry

81B East Queenwood Road Morton Illinois 61550-2974

PH: 309-263-4044 F: 309-263-5113 www.shetlandminiature.com

STEWARDS REPORT

PLEASE COMPLETE THIS FORM LEGIBLY, COMPLETELY AND RETURN WITH ALL PAPERWORK

NAME OF SHOW _____ AREA _____

SHOW LOCATION _____

SHOW DATES _____ CERTIFIED STICK # _____

SHOW MANAGER _____ MEMBERSHIP # _____

ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

PLEASE CHECK BOX IF MANAGER AND SECRETARY ARE THE SAME

SHOW SECRETARY _____ MEMBERSHIP # _____

ADDRESS _____ PHONE _____

CITY/STATE _____ ZIP _____

INDICATE NUMBER OF FORMS ATTACHED

ANNUAL AMHR _____ ANNUAL ASPC _____ VALIDATED AMHR PERM _____

PERMANENT AMHR _____ PERMANENT ASPC _____ VALIDATED ASPC PERM _____

ASPR REGISTRATIONS _____ AMATEUR APPLICATIONS _____ JR MEMBERSHIPS _____

ADULT MEMBERSHIPS _____ PROTEST FORMS _____ VIOLATION FORMS _____

CRUELTY ABUSE FORMS _____ ACCIDENT/INJURY REPORT _____

REG CORRECTION _____ JUDGE EVALUATION FORM _____ MASTER LIST _____



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1. INDICATE NAMES OF ALL APPRENTICE JUDGES/STEWARDS

NAME:	CITY/STATE	MEMBER #	DIVISIONS
JUDGES: _____			

STEWARDS: _____

2. WHAT TIME DID SHOW OFFICE OPEN: DAY 1: ____ DAY 2: ____ DAY 3: ____

3.

4. WHAT TIME DID SHOW START: DAY 1: ____ DAY 2: ____ DAY 3: ____

5. WHAT TIME DID SHOW END: DAY 1: ____ DAY 2: ____ DAY 3: ____

6. WERE THERE SUFFICIENT/KNOWLEDGEABLE PERSONNEL TO CARRY OUT SHOW DUTIES, AND DID THEY WORK WELL TOGETHER?

Yes No

7. WERE SHOW OFFICIALS WEARING IDENTIFICATION?

Yes No

8. WAS MANAGEMENT COOPERATIVE AND KNOWLEDGABLE?

Yes No

9. WERE ALL PATTERNS POSTED AT LEAST TWO HOURS PRIOR TO THE CLASS?

Yes No

10. WERE ALL ASPC/AMHR RULES FOLLOWED FOR MEASURING AND CLASSES?

Yes No

11. WAS THE ASPC/AMHR APPROVED PRIZE LIST FOLLOWED?

Yes No

12. WERE THE FOLLOWING AVAILABLE AT THE SHOW?

ADEQUATE PA SYSTEM

Yes No

PROPERLY LIT GROUNDS

Yes No

SUFFICIENT STABLING

Yes No

WATERING AND BATHING FACILITIES

Yes No

WARMUP ARENA

Yes No

13. DIMENSIONS OF THE SHOW

RING _____ X _____

WHAT WAS THE MEASURING SURFACE HORSES WERE MEASURED ON _____



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14. WERE ANY ANIMALS DISQUALIFIED FOR HEIGHT EITHER IN PROTEST (FORM TO ACCOMPANY) OR DURING REGULAR MEASURING?

REG. NAME _____ REGISTRATION # _____ OWNER MEASUREMENT _____

15. INDICATE ANY ANIMALS WHOSE MEASUREMENT RESULTED IN A DIVISION CHANGE (UNDER TO OVER ETC).

REG. NAME _____ REGISTRATION # _____ OWNER MEASUREMENT _____

16. INDICATE AN ANIMALS WITH REGISTRATION PAPER ERRORS (ATTACH APPROPRIATE FORM) REG. NAME _____ REGISTRATION # _____ OWNER MEASUREMENT _____

17. WERE ANY CASES OF CRUELTY/ABUSE REPORTED TO YOU? (ATTACH APPROPRIATE FORM)

INCIDENT _____ PERPETRATOR _____ WITNESS _____

18. WERE ANY CASES OF UNSPORTSMANKLIKE CONDUCT OR VERBAL ALTERCATIONS OBSERVED OR REPORTED?

INCIDENT _____ PERPETRATOR _____ WITNESS _____

19. WERE THERE ANY VIOLATIONS OR PROTESTS? (ATTACH APPROPRIATE FORM)

VIOLATION _____ PROTEST _____ PERPETRATOR _____ MEMBER NUMBER _____

20. RECOMMENDATIONS THINGS THAT NEED IMPROVEMENT OR CORRECTION IF ANY. BE SPECIFIC?



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AS THE OFFICIAL STEWARD ONE MUST CLARIFY THE APPLICATION OF THE ASPC/AMHR/ASPR RULES AND INVESTIGATE ALL SITUATIONS SO AS TO PROMOTE A POSITIVE AND SMOOTH-RUNNING SHOW. IN MOST CASES PROBLEMS ARE RESOLVED BEFORE VOILATIONS OCCUR OR PROTESTS NEED TO BE MADE. FOR THE RECORD IN THE SPACE BELOW, STATE IN FULL THE SPECIFIC NATURE OF THE EVENT AND HOW IT WAS RESOLVED. INCLUDE NAMES, ADDRESSES, AND MEMBER NUMBERS WHEN APPLICABLE. IT IS THE STEWARDS DUTY TO OBSERVE AND REPORT IMMEDIATELY TO MANAGEMENT ANY INSTANCE OF RULE VIOLATIONS, AND TO MAKE RECOMMENDATIONS FOR IMPROVEMENT OF THE SHOW, WHICH MUST ALSO BE INCLUDED IN THIS REPORT. TYPING THIS IS FAR PREFERRED FOR FUTURE REFERENCE. YOU MAY ATTACH DOCUMENT TO REPORT.

THIS REPORT MUST BE POSTMARKED WITHIN 5 BUSINESS DAYS AFTER THE COMPLETION OF THE SHOW BY THE STEWARD. YOU WILL RECEIVE A \$25.00 FINE FOR NON-COMPLIANCE OF THIS REQUEST. ASPC/AMHR RECOMMENDS A STEWARD REPORT BE SENT PRIORITY MAIL.

PLEASE PRINT THE FOLLOWING INFORMATION:

STEWARDS NAME _____ MEMBERSHIP # _____

ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

STEWARDS SIGNATURE _____ DATE _____

OFFICE USE ONLY: POSTMARK DATE _____ DATE RECEIVED _____