## **EVENT EVALUATION FORM**

Providing exceptional ride experiences is what the BCCTRA is all about. BCCTRA and event managers want to provide you with a safe, enjoyable and beneficial learning experience at this event. Please take a few moments to provide feedback so that the organizers understand this events strengths and weaknesses and can make improvements to future events. Evaluations on CTR's will be used to select the CTR of the year.

EVENT NAME:		DATE:
Type of event: Competitive Pleasure Ride Schooling Rid	<u> </u>	LEVEL: 1 2 3 Was this your first CTR? YES NO (approximate #)
	EXCELLENT.	f EACH of the following aspects of this event where: 1) indicates POOR, NEEDS  Please use the additional space to provide comments to help explain your rating where itional comments.
MANAGEMENT	Rating	Comments
Washroom facilities		
Water availability in camp		
Water availability on the trail		
Ride briefing		
Availability of ride manager		
Schedule of the event		
Quality of ride maps		
Procedure for getting ride time (CTR)		
Procedure for time out (CTR)		
Trail marking and flagging		
Quality of trail		
Timing of the distance on trail		
Safety of the trail		
Overall ride timing (CTR)		
P and R teams (CTR)		
P and R procedure (CTR)		
Attitude of ride manager/crew		
Opportunity to meet riders		
Overall welcome at the event		
Overall quality of base camp		
Awards presentation		
VETERINARY JUDGING (CTR)	Dating	Comments
Informative and clear	Rating	Comments
Thorough and precise		
Scorecard comments were clear		
Used criteria on the scorecard		
Overall attitude		
Overall speed (limited line ups)		
From a rider stand point, how would you how likely are you to return to this even	ent if held a you leave	s event on a scale of 1 to 10 with 10 being the highest?  again next year? Definitely Not sure Not likely  at the registration desk or mail to the BCCTRA Secretary – Kay Klippenstein, PO Box  time and thoughts