



Comments and Concerns

EVENT NAME: _____ DATE OF EVENT: _____

EVENT LOCATION: _____ MANAGER: _____

Please rate the following areas 1-5 with 5 being the highest and best score and 1 being the worst and lowest. Provide any additional comments at the bottom of the page or use additional pages as desired.

1. Fun Level	1	2	3	4	5
2. Education	1	2	3	4	5
3. Social	1	2	3	4	5
4. Facility	1	2	3	4	5
5. Cattle	1	2	3	4	5
6. Instructor Name _____	1	2	3	4	5
7. Instructor Name _____	1	2	3	4	5
8. Instructor Name _____	1	2	3	4	5
9. Instructor Name _____	1	2	3	4	5
10. Scoring Feedback	1	2	3	4	5
11. Overall Clinic rating	1	2	3	4	5

Additional Comments:

YOUR NAME	Address:	
	Phone #:	
	Email:	

NVRHA, 590 Hwy 105, Box 150, Monument, CO 80132
www.nvrha.org ~ Telephone/Fax: (719) 487-9014