



RMDS Technical Delegate Report

Name of Competition: _____ RMDS #: _____
 Date(s) _____ Location: _____
 Manager: _____ Secretary: _____
 Technical Delegate: _____ Judge: _____ Level: _____

Yes No NA

Were there any instances of equine cruelty or abuse that you observed, or were reported or made known to you? (GR839)

Did you issue any warning cards or charges?

Did the show manager complete the USEF show manager training module (available thru RMDS Central Office)?

Did Prize List meet all relevant requirements and specifications of USEF GR901?

If not, list missing/misleading statements in an additional report.

Did the show follow the specifications advertised in the Prize List?

If changes were made were they advertised in the Centaur or sent out by an RMDS email?

How many horses competed? _____

How many Amateur riders competed? _____

Were their USEF Amateur cards presented and verified?

Were all entry blanks signed?

Were freestyle entries eligible (minimum score of 63% for Training through Fourth levels and 60% for FEI levels in the highest test of the declared freestyle level or any test of a higher level)?

If freestyles were offered/entered, were appropriate sound checks scheduled and did the sound system function correctly?

Were RMDS membership forms available in the show office for competitors?

Were post entries, substitutions, cancellations handled in accordance with USEF GR 910-912?

Did the show office function efficiently?

Was it open at least one hour prior to the start of the first class each day?

Was the time schedule adequate with sufficient time for each ride, for judge's breaks, and consideration given to riders entered in more than one class? (USEF DR126.1.b)

If provided, was stabling safe?

Was there adequate communication between show officials/volunteers during the event?

Were emergency phone numbers and directions to event posted in the Office and by the emergency phone?

Was a map of the designated competition grounds posted in the show office in accordance with DR 121.15?

Were the numbers for veterinarian on call, farrier on call and nearest equine surgical facility posted at the Office?

Was there an EMT on the grounds during all scheduled ride times and any awards ceremonies?

Was there a Safety Coordinator appointed? Name: _____

Were all designated warm-up/practice arenas/areas supervised?

Was lunging conducted in a separate area from all mounted horses?

Were tack check stewards provided for all classes on all show days?

Were saddlery/horse inspections conducted (USEF DR121.8)?

Were dressage arenas correct sizes, properly constructed, with good footing?

Was adequate footing maintenance scheduled and performed?

Did the scoring desk function properly and were scores posted regularly?

Were any ponies measured? If so, attach measurement form(s).

Was any rider/handler or horse injured during the competition? If yes, attach report.

Were there any instances of alleged abuse or official warning issued? (USEF GR1037). If yes, please explain in attached report.

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List positive features of this competition: _____

List features that need improvement or correction: _____

Additional Comments: _____

Signature _____ Membership # _____ Date _____
Phone: _____ Email: _____