



UNITED STATES *Dressage* FEDERATION  
**USDF Off Campus University Program**

Event Evaluation Form-to be completed by event organizer

Region: \_\_\_\_\_ Sponsoring GMO/other Organization \_\_\_\_\_

Event Organizer/Point of Contact: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Event Attendance: Riders \_\_\_\_\_ Auditors \_\_\_\_\_

**Rate the following criteria on a scale of 1-5 with 1 being the lowest rating and 5 being the highest rating:**

Participation was in the range for which we budgeted	1	2	3	4	5
Comments from attendees (both riders and auditors)	1	2	3	4	5
The facility used for the event was	1	2	3	4	5
The stabling (if applicable) was	1	2	3	4	5
The facilities for auditors (if applicable) were	1	2	3	4	5
Meals/refreshments were available and appropriately priced	1	2	3	4	5
The presenter/clinician/event leader was	1	2	3	4	5

Overall summative comments:

Final profit/loss statement attached? Yes  No

Thank you

**Return to: USDF, Attn: University Liaison**