

SHOWJUMPING



REPORT BY THE SANEF REPRESENTATIVE

Confidential

Event		Status	
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Venue	
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Date		SANEF Representative	
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Please list below the South African Championships held at this event.

The purpose of this report is to give the Federation an overall view of the organisation and running of the Event. The report must be completed by the SANEF Representative immediately following the Event and should be forwarded to the Secretary General within 15 days of the Event, at the latest. **A programme of the Event together with the daily jumping order sheets and official Result Form giving the results down to 20 places must be attached in respect of all classes the held CSN status or above.**

The powers, duties and responsibilities of the Ground Jury are set out in the General Regulations, 11th edition, effective 1st July 2007.

All unusual incidents, irregularities and/or statistics of special interest must be noted under point 10. Please complete this report as accurately and completely as possible.

1. OFFICIALS

1.1. Ground Jury

President		Panel	
Member 2		Panel	
Member 3		Panel	
Member 4		Panel	
Member 5		Panel	

Was the Jury Box well equipped and well organized?	YES	NO
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Were the Ground Jury's duties accomplished accurately, promptly and thoroughly ?	YES	NO
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1.2. Appeal Committee

Not Applicable			
President		Panel	
Member 2		Panel	
Member 3		Panel	

1.3. Course Designer

Name		Panel	
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Was his work carried out in a professional and unbiased manner, according to the rules?	YES	NO
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1.4 Chief Steward

Name	
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Assistant Stewards

Name	
Name	
Name	
Name	
Name	

1.5. Medical Services

Was a qualified doctor on call during the Event ?	YES	NO
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Was an ambulance and/or sufficient medical facilities available ?	YES	NO
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1.6. Stewards

Were they on hand as required?	YES	NO
Were they familiar with relevant Rules and Regulations?	YES	NO
Did they carry out their duties in a responsible manner?	YES	NO
Were warm-up facilities adequate ?	YES	NO
Were the guidelines on stewarding adhered to?	YES	NO

2. SCHEDULE AND PROGRAMME

Did the programme conform to the Schedule & the Rules? Please specify any differences under point 9.	YES	NO
Would you suggest any improvements to the Programme or Schedule ? If YES, please note under point 10.	YES	NO
Did you receive the schedule for examination sufficiently early before the event	YES	NO
Did the time table follow the published programme? If not please give details under point 10.	YES	NO

3. **ACCOMMODATION AND TRANSPORT**

3.1. **Grooms Accommodation**

Was the accommodation adequate	N/A	YES	NO
Were sufficient showers and toilets with hot and cold water provided? Please give details of accommodation offered	N/A	YES	NO
Were Grooms meals available		YES	NO

3.2 **Stable Area (if applicable)**

Were all horses stabled together in one area. If not please give full details, distance from showgrounds, size etc.	YES	NO
Was 24 hrs security arranged for the stable area?	YES	NO

3.3. **Transport**

Was this available to and from the Show Grounds for:

Officials	YES	NO
Competitors	YES	NO
Grooms	YES	NO

4 **RUNNING OF THE COMPETITIONS**

4.1. **Declaration of Starters**

Was this carried out according to the Rules?	N/A	YES	NO
If there were substitutions, were they handled in terms of the rules		YES	NO

4.2. **Order of Starting**

Was the draw for starting conducted according to the rules?			
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	N/A	YES	NO
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4.3 South African Championships

Were these classes run strictly in accordance with the relevant championship rules?	N/A	YES	NO
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If No, please give details

5 PRIZES

5.1. Cash Prizes

Were all cash prizes as listed in the schedule distributed?	YES	NO
Were they distributed in terms of the rules (one prize for every 4 competitors)	YES	NO
and according to the Schedule?	YES	NO

5.2 Prizes in Kind

Were these distributed?	YES	NO
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If yes, describe briefly:

6. MANNER OF JUDGING

Was judging fair and unbiased?	YES	NO
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7 TECHNICAL ASPECTS

7.1. Overall quality of the ground

Of the competition arena

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Of exercise and horse inspection areas

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Were there any problems with the going during the event either in:

Was there any problem with the going in the warm-up arena	YES	NO
Was there any problem with the going in the competition arena warm-up arena	YES	NO

If yes, what was done to resolve these problems

Were warm up facilities adequate?	YES	NO
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7.2. Obstacles / Obstacles

Quality of the material (variety, weight and length of poles, suitability of cups, reserve material and natural obstacles)::

7.3. Courses and Tracks

Were these satisfactory?	YES	NO
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If not, state why

8. STATISTICS

8.1. Standard of Competitors

(tick one box)

<i>Very High</i>	<i>High</i>	<i>Average</i>	<i>Modest</i>
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8.2. Number of Spectators

Approximate number during entire event:	
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8.3. Approximate amount of T.V. coverage received:

Approximate number of minutes	
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REPORTS

1 Accidents

A short description of the accident should include the following information:

HORSE

- Injury or death of horse
- Were the medical/veterinary services satisfactorily performed ?
- What was the likely cause of the accident ?
- Was the horse involved in the accident sampled for prohibited substances ?
- In the case of death of a horse, was a post mortem examination made ? If so, what was the result ?
- Was a competent and responsible person present to handle the media ?
- was a Press conference organized ?
- What was the public's reaction to the accident ?

Report

RIDER

- What was the likely cause of the accident ?
- Injury of rider (please take into account all injury that necessitated medical intervention)
- Please specify nature of injury (concussion, broken bones, etc.)
- Did any rider need to be taken to hospital ?
- Was the medical service on site satisfactory ?

Report:

2. ABUSE OF HORSE

Please describe the type of abuse by including the following information:

- What exact type of horse abuse was practiced ?
- What decision did the Ground Jury take ?
- Were any **Yellow Cards** distributed?
- Was there any reaction from the public/press; if so, what were their conclusions ?

Report:

3. STATISTICS REFERRING TO THE CONDITION OF THE HORSES

Horse Inspections

How many horses did not pass the 1st horse inspection?	
How many horses were placed in the holding box ?	
How many horses did not pass the re-inspection ?	

4 MEDICATION CONTROL

No of horses tested for prohibited substances	
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If horses were tested please give the horses names below

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Number of Riders tested for prohibited substances	
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If riders were tested please give their names.

Signature of SANEF Representative

Date

Cell phone Number	
E-Mail address	
Telephone Number	
Fax Number	