

Virginia Region Pony Clubs - Club Rating Report – **DISTRICT COMMISSIONER**

Please complete the following information and forward it to the RS and RIC within 14 days of date of rating by fax or email or mail. Thank you!

CLUB: \_\_\_\_\_ RATING DATE: \_\_\_\_\_  
EXAMINER: \_\_\_\_\_ FEE PAID: \_\_\_\_\_  
ASSISTANT(S): \_\_\_\_\_ IMPARTIAL OBSERVER: \_\_\_\_\_  
DC or CLUB REPRESENTATIVE PRESENT: \_\_\_\_\_  
NUMBER OF CANDIDATES PER RATING LEVEL: D1: \_\_\_ D2 \_\_\_ D3 \_\_\_ C1 \_\_\_ C2 \_\_\_

NOTES ABOUT RATING:

RATING STARTED ON TIME: YES \_\_\_ NO \_\_\_

IF NO, WHY NOT: \_\_\_\_\_

LENGTH OF RATING (if different for separate levels, please indicate): \_\_\_\_\_

OVERALL EVALUATION OF SKILLS PREPARATION: \_\_\_\_\_

CLUB WOULD BE WILLING TO USE EXAMINER AGAIN (YES/NO): \_\_\_\_\_

IF NO, GIVE REASON WHY: \_\_\_\_\_

OTHER INFORMATION THAT MAY BE HELPFUL: \_\_\_\_\_

(may continue on back if necessary.)

ANY SPECIAL CIRCUMSTANCES (weather, facility, horses, etc.): \_\_\_\_\_

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CANDIDATE NAME	LEVEL of rating	PASSED (Yes/No)	RETEST (Yes,No)	RETEST (What areas)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DC Signature: \_\_\_\_\_

Date: \_\_\_\_\_