

Give a Child a Leg Up....

City to Saddle PO Box 512 Rutland MA, 01543

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## City to Saddle host farm evaluation:

Host farm	Date:
Name and title of Person filling out report:	
City to Saddle program summary: In the space your City to Saddle program this past year, the dates (from when to when), the name, number week long summer program, weekly riding or or per program):	e number of participants in each group, the hours, and type of program (ex: half day
First group name, numbers, dates, type of prog	gram, fee:
Second group name, numbers, dates, type of p	program, fee:
Third group name, numbers, dates, type of pro	ogram, fee:

Please use back of page or additional sheets if necessary.  Please share about your City to Saddle programming:
What went well?
What could be improved and how could City to Saddle help?
Were participant evaluations distributed, returned, etc.? Please share any favorite quotes, pictures, etc., and status of evaluations:
Would you like to host City to Saddle participants in the future?
Please share any other comments below or on additional paper. Thanks!
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