



Give a Child a Leg Up....

City to Saddle
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Rutland Ma, 01543

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www.citytosaddle.org

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 below please identify who participated in your City to Saddle program this past year, the number of participants in each group, the dates (from when to when), the name, number hours, and type of program (ex: half day week long summer program, weekly riding or vaulting lesson, etc), and the fee (per child or per program):

First group name, numbers, dates, type of program, fee: _____

Second group name, numbers, dates, type of program, fee: _____

Third group name, numbers, dates, type of program, 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!

Mail to: Dale Perkins P.O. Box 512 Rutland, MA 01543
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