



THE AUSTRALIAN SHEPHERD CLUB OF AMERICA®

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ASCA SCENT DETECTION POST EVENT EVALUATION FORM

Please send completed evaluation form to ASCAScentDetection@gmail.com

Name of Host Club: _____ Date of Event: _____

Name of Person Completing This Form: _____

E-mail Address: _____ Phone: _____

Was this a **WORKSHOP**, **CLINIC**, or **MATCH**?

Briefly describe the facility where the event was held. Was it adequate? _____

Number of dogs entered: _____ Number of handlers: _____

Number of qualifying runs: _____ Non-qualifying runs: _____ Excusals: _____

Reason(s) for Excusal(s): _____

Number of dogs with ASCA, LEP, or QTracker numbers: _____

Presenters Name (if clinic or workshop): _____

Presenters Credentials: _____

Scents Used: _____

Elements Offered: _____ Levels offered: _____

List any hand-outs you used in your workshop/clinic: _____

Was the event successful? Yes or No

Does your club plan to hold another event? Yes or No

Briefly describe any difficulties the club encountered in holding this event/match: _____

How could the difficulty the club encountered have been avoided or made better: _____

Comments/Suggestions: _____

Signature: _____ **Date:** _____

If you need to list more information, please attach an additional page.