The Cat Fanciers Association, Inc.  
Youth Feline Education Program

**STEWARD EVALUATION**

STEWARD, please fill out the following section.

Steward's Name______________________________ Age______ YFEP Division____

Previous Stewarding Experience: First Time [ ] 1 – 3 times [ ] 3 – 6 times [ ] More than 6 [ ]

If this is your 6+ time, are you interested in moving into the Youth Clerking Program? [ ] Yes [ ] No

Show Name_________________________ Show Location____________________ Show Date__________

**JUDGE OR RING CLERK, please fill out the following section.**

Instructions: Five-point value; one point awarded for each evaluation, if No is your evaluation, your Steward receives a 0 for this evaluation. Include helpful comments for clarification whenever possible. **Sign and date the form and turn it in to the Master Clerk for return with the show packet.**

1. Was your Steward in the ring and ready to begin on time with all cages clean and ready to go?  
   [ ] Yes [ ] No Point (0 or 1)____  
   Comments: ____________________________________________________________

2. Did your Steward meet acceptable dress requirements? (neat, clean and appropriate for the task)?  
   [ ] Yes [ ] No Point (0 or 1)____  
   Comments: ____________________________________________________________

3. Was your steward present, available, attentive to their task; able to keep up at all times during judging? (in the ring when needed, no distractions, showed interest in the cats, proactively on top of the job)  
   [ ] Yes [ ] No Point (0 or 1)____  
   Comments: ____________________________________________________________

4. Did the Steward take instruction, communicate and respond to requests from the Judge and Clerk well, including additional tasks such as taking down ribbons and numbers, delivering paperwork to Master Clerk, etc.  
   [ ] Yes [ ] No Point (0 or 1)____  
   Comments: ____________________________________________________________

5. Were all cages cleaned and dried thoroughly?  
   [ ] Yes [ ] No Point (0 or 1)____  
   Comments: ____________________________________________________________

**TOTAL POINTS ____**

If your steward has marked that they would be interested in the Youth Clerking Program, would you recommend them?  
[ ] Yes [ ] No  
Please provide comments:  

______________________________________________________________________________________________  
______________________________________________________________________________________________  
______________________________________________________________________________________________

Name of Judge or Clerk filling out this evaluation ________________________________

Signature_________________________________________ Date ________________

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