Clerk of Course Report All Events





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| | | |
| | | |

PERMIT NO.

EVENT

DATE - -

ORGANISING CLUB/BODY

VENUE/LOCATION

TYPE OF EVENT (DISCIPLINE)

CLERK OF COURSE

CHIEF SCRUTINEER

STEWARD/S

Event Report

NO. OF ENTRIES

NO. OF STARTERS

If you answer **YES** to any of the following questions, please complete and attach the relevant form/s and provide a brief explanation in the *General Comments* section:

| Were there any accidents/incidents? | YES | NO | |
|---|-----|----|----------------------------|
| Were there any injuries? | YES | NO | |
| Were there any judicial matters? | YES | NO | |
| Were there any safety/eligibility matters? | YES | NO | |
| Were there any 'passenger in vehicle' activities? | YES | NO | if yes, No. of passengers: |
| Was it necessary to seek the Stewards permission to vary the Supplementary Regulations? | YES | NO | |

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General Comments

Please provide comments/explanation concerning issues or significant matters during the running of the listed event.

Declaration

CLERK OF COURSE SIGNATURE

SIGN HERE

DATE

- -

MOBILE

EMAIL