



OFFICE USE ONLY
Date Received:

MotorSport NZ Inc
 MotorSport House
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 Wellington
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 Email: admin@motorsport.org.nz

CLERK OF THE COURSE CLOSING REPORT FOR CLUBSPORT EVENTS			
ORGANISING CLUB:			
DATE OF EVENT:	PERMIT NO:	STATUS:	
Course/Weather Conditions:			
Number of Competitors:	Number of Races/Runs:		
Documentation Problems:			
Scrutineering Audits Performed:			
Scrutineering Problems:			
Official Practice Started at: am / pm		Competition Started at:	am / pm
Competition Finished at: am / pm		Adherence to Schedule:	%
Incidents/Accidents and Action Taken:			
Were there any Health and Safety issues or any issues that could have become a Health and Safety issue that you were aware of? YES NO If Yes please provide a separate report.			
Hearings Held and Penalties imposed:			
Protests Received and Passed to Steward(s):			
General Comments:			
Signed:	Print Name:	Time	Date:
Clerk of the Course			