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| **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: | | | | | | | |
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| 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: | | | | | | | |
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| Protests Received and Passed to Steward(s): | | | | | | | |
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| General Comments: | | | | | | | |
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| Signed:  Clerk of the Course | Print Name: | | | | Time | | Date: |