

OFFICE USE ONLY
Date Received:

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 /	Competition Started at:	am / pm
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			