

OFFICE USE ONLY
Date Received:

CLERK OF THE COURSE CLOSING REPORT FOR RACES			
ORGANISING CLUB:			
DATE OF EVENT:		PERMIT NO:	STATUS:
Track/Weather Conditions:			
Documentation Problems:			
Scrutineering Problems:			
Official Practice Started at:		am/ pm	Racing Started at:
			am / pm
Incidents/Accidents:			
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.			
Number of Penalties issued		Decision Forms attached: <i>If No is ticked provide details of penalties imposed below.</i>	YES NO
Details of Penalties imposed: <i>Only applicable where the decision forms are not attached.</i>			
Protests Received:			
General Comments:			
Signed:		Print Name:	Time:
Clerk of the Course			
Date:			