



CLERK OF THE COURSE REPORT - CLUBSPORT EVENTS

ORGANISING CLUB:				
DATE OF EVENT:		PERMIT NO:		STATUS:
Course/Weather Conditions:				
Number of Competitors:			Number of Races/Runs:	
Documentation Report:				
Scrutineering Report:				
Scrutineering Audits Completed:				
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.				
Number of Decisions issued	Decisions Attached <i>(if No is ticked please provide details)</i>	YES	NO	Payment Method of Fines Received:
Protests Received:				
General Comments:				
Signed:		Print Name:		Time
Clerk of the Course				Date: