

Event Details

PERMIT NO.

EVENT

DATE — —

ORGANISING CLUB/BODY

VENUE/LOCATION

TYPE OF EVENT (DISCIPLINE)

CLERK OF COURSE

CHIEF SCRUTINEER

STEWARD/S

MEDICAL FACILITIES
PRESENT

CIVIL AMBULANCE

OTHER AMBULANCE

PRIVATE OPERATOR

FIRST AID

Event Report

NO. OF ENTRIES

NO. OF STARTERS

NO. OF FINISHERS

A. Were there any charges laid or protests lodged?	YES	NO
B. Were any penalties imposed?	YES	NO
C. Was scrutiny satisfactory?	YES	NO
D. Was document check satisfactory?	YES	NO
E. Did the event start on time?	YES	NO
F. Were there any issues with the track/venue?	YES	NO
G. Were there any issues with officials?	YES	NO
H. Was the event run in accordance with the NCR and Supplementary Regulations?	YES	NO
I. Was it necessary to make any demands of the Clerk of the Course?	YES	NO
J. Was any practice or racing session stopped with the Red Flag due to an emergency?	YES	NO

If you have comments relating to the above questions, use the *General Comments* section. Please also attach any applicable paperwork

General Comments

Please provide comments/recommendations/observations about the preparation/running of the listed event.

Declaration

NAME OF STEWARD(S)
COMPLETING FORM

STEWARDS SIGNATURE

SIGN HERE

DATE

— —

MOBILE

EMAIL