

CLERK OF THE COURSE REPORT

CROSS COUNTRY & ENDURO EVENTS

FMN :													
NAME OF EVENT :				VENUE									
DATE :		PERMIT # :			STATUS : <input type="checkbox"/> Cup			Challenge		Championship			
JURY PRESIDENT				1 ST JURY MEMBER :									
CLERK OF THE COURSE :				2nd JURY MEMBER :									
CHIEF SCRUTINEER :				TIME KEEPER :									
CHIEF MARSHAL				CHIEF MEDICAL OFFICER :									
NO. OF ROUTE MARSHALS				NO. OF ROAD CROSSING MARSHALS									
NO. OF PIT MARSHALS				NO. OF PIT SAFETY OFFICERS									
NO. OF ENTRIES :		<u>BIKES</u>		<u>QUADS</u>			<u>SUPPORT BIKES</u>			<u>SUPPORT QUADS</u>			
PLEASE SPECIFY		<u>B1</u>	<u>B2.</u>	<u>B8</u> WIM	<u>B3.</u>	<u>B9</u> WIM		Nat.	Reg.	Club	Nat.	Reg.	Club
NO. OF STARTERS													
NO. OF FINISHERS													
SCHEDULED RACING START TIME :						ACTUAL RACING START TIME :							
WAS ANY PART OF THE EVENT CHANGED / CANCELLED?													
FINISHING VENUE						FINISH TIME OF 1st COMPETITOR :							
						FINISH TIME OF LAST COMPETITOR :							
NO. OF DOCTORS PRESENT						NO. OF PARAMEDICS PRESENT :							
HELICOPTER			YES	NO	STANDBY	AMBULANCE – TRAUMA			YES	NO			
NO. OF AMBULANCES													
WERE ANY DRUG / ALCOHOL TESTS CARRIED OUT? (attach details where applicable)						YES	NO						
WERE PRE-RACE SCRUTINY CHECKS CARRIED OUT? (attach details where applicable)						YES	NO						
WERE ANY ENTRIES REJECTED AS UNFIT TO COMPETE? (attach details where applicable)						YES	NO						
WAS POST-RACE SCRUTINY CHECKS CALLED FOR? (attach details where applicable)						YES	NO						

WERE THE JURY PRESENT AT :		a) the Start :
b) during the event :		c) at the end of the event : d) at prize giving
IF THE JURY WERE NOT PRESENT AT TIMES STATED IN (A) TO (D) ABOVE, give reasons for their absence and advise whether prior arrangements were made with the organisers :		
WERE ALL STARTS COMPLETED CORRECTLY? YES NO (attach details of irregularities)		
WERE ANY INCIDENTS/ACCIDENTS REPORTED? YES NO (attach details where applicable)		
GIVE DETAILS OF ANY COMPETITORS WHO WERE BLACK FLAGGED, REPRIMANDED, EXCLUDED, FINED, ETC.		
No :	Name :	Penalty imposed :
Details		
No. :	Name :	Penalty imposed:
Details :		
No.	Name :	Penalty imposed :
Details :		
No.	Name :	Penalty imposed:
Details :		
GENERAL REMARKS : (Clerk of the Course)		
Signature :		Date :
PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS REPORT :		
1) Entry List		2) Final Instructions and Amendments
3) Race Programme		4) Reports from Scrutineers, Marshals etc. (where applicable)
5) COMPLETE AND LEGIBLE Results		6) FULY COMPLETED Accident Report Form
NOTE :	OFFICIAL USE ONLY FIM AFRICA THANKS YOU FOR DEVOTING YOUR TIME AND EFFORT TO OFFICIATE AT THIS EVENT.	

TOTAL DISTANCE COVERED BY ALL COMPETITORS

Total No.of kmslaps of km

No. of Competitors : @ kms