

MOTORCYCLING AUSTRALIA (NT)
PO BOX 154 HOWARD SPRINGS NT 0835



CLERK OF COURSE'S REPORT

**TO BE COMPLETED BY THE CLERK OF COURSE AND HANDED TO THE STEWARD WITHIN 30 MIN
AFTER RACE MEETING**

TYPE OF EVENT.

DATE

PERMIT NO

MX EN SP DT RR

(Please circle)

VENUE NAME _____

NAME OF CLERK OF COURSE _____

LICENCE # _____

NAME OF RACE SECRETARY _____

LICENCE # _____

NAME OF CHIEF SCRUTINEER _____

LICENCE # _____

PRACTICE

COMPETITION

1. TRACK CONDITION

2. WEATHER CONDITIONS

3. ALL OFFICIALS PRESENT

4. AMBULANCE PRESENT

5. FIRE EXTINGUISHERS PRESENT

6. SCHEDULED START TIME

7. ACTUAL START

8. DID PROGRAM RUN TO SCHEDULE

**WAS IT NECESSARY TO SEEK STEWARDS PERMISSION TO VARY THE
SUPPLEMENTARY REGULATIONS OR THE PROGRAM? YES NO**

**IN A BRIEF STATEMENT, SUMMARIZE THE MEETING, INCLUDE ANY MATTERS
BROUGHT TO THE STEWARDS ATTENTION** Add to rear of this page.

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INJURIES

ATTACH INJURY, INCIDENT & MAJOR INCIDENT REPORT FORMS-----1 PER ACCIDENT

PENALTIES/FINES/PROTESTS

PLEASE GIVE FULL DETAILS IE: RIDER DETAILS, REASON, AMOUNT, AND OUTCOME.

REPORT ON MEETING:

GIVE DETAILS OF ORGANIZATION, TRACK SAFETY, LIGHTING, ETC.

CLERK OF COURSE NAME _____ **SIGNATURE** _____

PHONE CONTACT _____ **LICENCE NO** _____