



STEWARDS REPORT

THIS REPORT MUST BE SUBMITTED TO THE MANT OFFICE WITHIN 5 DAYS AFTER THE EVENT.

PROMOTOR/CLUB _____

MEETING NAME _____

PERMIT # _____ DATE _____

THE FOLLOWING ITEMS MUST ACCOMPANY THIS REPORT. PLEASE CIRCLE YES/NO. EXPLANATIONS WILL BE OFFERED FOR ANY ITEMS THAT ARE MISSING.

- | | | |
|--|---------------|-------------------|
| 1. RACE PROGRAM/RESULTS | YES | NO |
| 2. INJURY/ACCIDENT REPORTS | YES | NO |
| 3. PENALTY'S IMPOSED | YES | NO |
| 4. SCRUTINEERS REPORT | YES | NO |
| 5. COMPETITOR SIGN ON SHEETS | YES | NO |
| 6. LICENCE DECLARATIONS | YES | NO |
| 7. CLERK OF COURSE REPORT | YES | NO |
| 8. WAS RIDERS BRIEFING HELD | YES | NO |
| 9. WAS OFFICIALS ACCREDITATION/BRIEFING HELD | YES | NO |
| 10. WAS COMPETITORS LICENCE CHECKED | YES | NO |
| 11. WAS COMPETITORS INDEMNITY FORM SIGNED | YES | NO |
| 12. WAS OFFICIALS INDEMNITY FORM SIGNED | YES | NO |
| 13. DID STEWARD INSPECT TRACK | YES | NO |
| 14. WAS MEETING RUN AS PERMIT STATES | YES | NO |
| 15. SUFFICIENT FLAG MARSHALS/ SWEEP RIDERS | YES | NO |
| 16. CONTROL OF DUST | YES | NO |
| 17. DID YOU OBSERVE BREACHES OF GCR's | YES | NO |
| 18. WERE NOISE LEVELS CHECKED | YES | NO |
| 19. NUMBER OF COMPETITORS | JUNIOR/SENIOR | _____ |
| 20. START TIME | _____ | FINISH TIME _____ |



MOTORCYCLING AUSTRALIA NORTHERN TERRITORY INC

PO BOX 40759 Casuarina NT 0810 |mant@bigpond.com| 0417 842 480

Table with 4 columns: Question, GOOD, FAIR, POOR. Rows 21-31 covering meeting standards and incidents.

Report on Meeting (if required)

Series of horizontal lines for writing a report on the meeting.

MEETING CLERK OF COURSE _____ LICENCE NO _____

MEETING STARTER _____ LICENCE NO _____

MEETING JUDGE _____ LICENCE NO _____

MEETING CHIEF SCRUTINEER _____ LICENCE NO _____

MEETING RACE SECRETARY _____ LICENCE NO _____

THIS REPORT IS CONFIRMED BY THE SIGNATURES OF THE STEWARDS

1. STEWARD _____ LICENCE NO _____

2. STEWARD _____ LICENCE NO _____

3. DATES _____

4. SIGNATURE 1 _____ SIGNATURE 2 _____