

MOTORCYCLING AUSTRALIA NT PO

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SPEEDWAY REFEREE'S REPORT FORM 2010

PROMOTER _____

VENUE _____

MEETING NAME _____

PERMIT NO _____ DATE _____

ASSISTANT REFEREE _____ LICENCE NO _____

JUDGE/TIMEKEEPER _____ LICENCE NO _____

PIT MARSHAL _____ LICENCE NO _____

STARTER _____ LICENCE NO _____

RACING STARTED AT: _____ RACING FINISHED AT: _____

OFFICIAL RESULTS ATTACHED YES/NO _____

MEDICAL ASSISTANCE IN ORDER YES/NO _____

EMERGENCY EQUIPMENT AVAILABLE YES/NO _____

ALL RIDERS PRESENT YES/NO _____

COURSE CONDITION:

TRACK PROPERLY WATERED YES/NO _____

TRACK PROPERLY GRADED YES/NO _____

SIGNALS FUNCTION PROPERLY YES/NO _____

STARTING GATE FUNCTIONS YES/NO _____

SWITCHBOARD FUNCTIONS PROPERLY YES/NO _____

PROPER SERVICE IN PITS YES/NO _____

NUMBER OF COMPETITORS JUNIOR _____ SENIOR _____

If any of the above questions are (NO), please comment in Report of Meeting.

INJURIES

ATTACH INJURY 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 ORGANISATION, TRACK SAFETY, LIGHTING, ETC.

REFEREE'S NAME _____ **SIGNATURE** _____

PHONE CONTACT _____ **LICENCE NO** _____