



Motorcycling Australia NT
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NON-COMPETITIVE/PRACTICE CLERK OF COURSE REPORT

Name of Club:			
Track and Location:			
Permit No:			
Permit Dates:			
Start Time:		Finish Time:	

Clerk of Course:	
First Aid Provider:	

1. Track conditions at commencement of practice	
2. Weather conditions during practice	
3. Officials present	
a) All Nominated Senior Officials	
b) Sufficient Other Officials	
4. Other Services present	
a) Operational Communications	
b) Fire extinguisher as per By Laws Fire	
5. Were there any injury/accident reports	

If so, give brief details and attach relevant reports for each occasion:

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THIS REPORT IS CONFIRMED BY THE SIGNATURE OF THE CLERK OF COURSE:			
Name:		MA Licence No:	
Date:		Time:	
Signature:			