

ORGANISERS/PROMOTERS REPORT (CONFIDENTIAL)


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|---|---|---|---|--|---|
| ISSUED BY: | South East Cycling | PLEASE RETURN THIS COMPLETED FORM TO: | Glyn Durrant | | |
| RETURN ADDRESS: | 14 Yewlands Walk, Ifield West, West Sussex RH11 0QE | | | | |
| TITLE OF EVENT: | | DATE OF EVENT: | | | |
| ORGANISERS/PROMOTERS NAME: | | | | | |
| ORGANISERS/PROMOTERS ADDRESS: | | | | | |
| ORGANISERS/PROMOTERS E MAIL ADDRESS: | | | | | |
| RACE CATEGORIES: | | VENUE: | | | |
| BMX <input type="checkbox"/> | CYCLE SPEEDWAY <input type="checkbox"/> | CYCLO CROSS <input type="checkbox"/> | MTB DH <input type="checkbox"/> | | |
| MTB XC <input type="checkbox"/> | MTB 4X <input type="checkbox"/> | ROAD <input type="checkbox"/> | ROAD CIRCUIT <input type="checkbox"/> | TRACK <input type="checkbox"/> | |
| CHIEF COMMISSAIRE/REFEREE: | | ASSISTANT COMM/REF: | | | |
| WHEN DID THE CHIEF COMM/REF CONTACT YOU: | 4 WEEKS BEFORE <input type="checkbox"/> | 3 WEEKS BEFORE <input type="checkbox"/> | 2 WEEKS BEFORE <input type="checkbox"/> | 1 WEEK BEFORE <input type="checkbox"/> | NOT BEFORE EVENT <input type="checkbox"/> |
| WHO INSTIGATED THE CONTACT: | YOURSELF <input type="checkbox"/> | CHIEF COMM/REF <input type="checkbox"/> | SOMEBODY ELSE <input type="checkbox"/> | NAME: | |
| HOW WAS CONTACT FIRST MADE: | IN PERSON <input type="checkbox"/> | PHONE <input type="checkbox"/> | FAX <input type="checkbox"/> | LETTER <input type="checkbox"/> | E MAIL <input type="checkbox"/> |
| SOME OTHER METHOD: | | | | | |
| WAS THE CHIEF COMMISSAIRE/REFEREE OF ASSISTANCE TO YOU PRIOR TO THE EVENT: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SEE COMMENT <input type="checkbox"/> | | |
| IF NO OR OTHER, PLEASE COMMENT: | | | | | |
| WAS THE CHIEF COMMISSAIRE/REFEREE OF ASSISTANCE TO YOU AFTER THE EVENT: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SEE COMMENT <input type="checkbox"/> | | |
| IF NO OR OTHER, PLEASE COMMENT: | | | | | |
| WAS THE BCF REGION/DIVISION/AREA OF ASSISTANCE TO YOU WITH THE EVENT: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SEE COMMENT <input type="checkbox"/> | | |
| IF NO OR OTHER, PLEASE COMMENT: | | | | | |
| WAS BCHQ OF ASSISTANCE TO YOU WITH THE EVENT: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | SEE COMMENT <input type="checkbox"/> | | |
| IF NO OR OTHER, PLEASE COMMENT: | | | | | |
| ANY OTHER COMMENTS OR REMARKS YOU MAY HAVE ABOUT THE CHIEF COMMISSAIRE OR REFEREE OR OTHER OFFICIALS: | | | | | |
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| ANY OTHER COMMENTS OR REMARKS YOU MAY HAVE ABOUT THE SUPPORT FROM EVENTS & FACILITIES SERVICE TEAM: | | | | | |
| | | | | | |
| ORGANISER'S/PROMOTER'S SIGNATURE: | | DATE SIGNED: | | | |