



# MOTORCYCLING NEW ZEALAND INC

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## CLERK OF COURSE REPORT

**IMPORTANT:** This report must be filled out completely and returned to MNZ within 7 days of the event

Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_ Permit No \_\_\_\_\_ Club \_\_\_\_\_

Name of Event \_\_\_\_\_ Venue: \_\_\_\_\_

Name of CoC \_\_\_\_\_ Grade \_\_\_\_\_ Signature \_\_\_\_\_

Name of Steward \_\_\_\_\_ Grade \_\_\_\_\_

Please tick the appropriate boxes that suit this event:

- |                                           |                                       |                                              |                                      |                                           |                                   |
|-------------------------------------------|---------------------------------------|----------------------------------------------|--------------------------------------|-------------------------------------------|-----------------------------------|
| <input type="checkbox"/> International    | <input type="checkbox"/> National     | <input type="checkbox"/> Major non-National  | <input type="checkbox"/> Club        | <input type="checkbox"/> Training         |                                   |
| <input type="checkbox"/> Road Race        | <input type="checkbox"/> Motocross    | <input type="checkbox"/> Supercross          | <input type="checkbox"/> Enduro      | <input type="checkbox"/> Cross Country    | <input type="checkbox"/> ATV      |
| <input type="checkbox"/> Moto Trials      | <input type="checkbox"/> Trail Ride   | <input type="checkbox"/> Beach               | <input type="checkbox"/> Road Sprint | <input type="checkbox"/> Road Hill Climb  | <input type="checkbox"/> Gymkhana |
| <input type="checkbox"/> Grass Hill Climb | <input type="checkbox"/> Pit Bikes    | <input type="checkbox"/> Long Track          | <input type="checkbox"/> Flat Track  | <input type="checkbox"/> Street Road Race |                                   |
| <input type="checkbox"/> Miniature TT     | <input type="checkbox"/> Super Motard | <input type="checkbox"/> Miniature Road Race |                                      |                                           |                                   |

▪ Time you arrived at venue	<b>am/pm</b>
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Officials	Name
Race Starter	
Second Steward/s	
Secretary of the meeting	
Chief Machine Examiner	
Chief Lapscorer	
Chief Timekeeper	
Chief Flag Marshall	

Clerk of Course Comments
How well did you get on with the Steward
How well did you get on with the Club/Organiser
Were there enough Officials for the Event

*In the Sections that follow there is space to write a short comment. These are NOT tick boxes! If further space is needed please use either the space below or page 4 of this report. There are three columns to allow for three day events. Cross out the set of headings as appropriate.*

	<b>Practice</b>	<b>Competition</b>	<b>Competition Day 2</b>
<b>Track Conditions</b>	<b>Practice/Competition</b>	<b>Competition Day 2</b>	<b>Competition Day 3</b>
Track conditions at commencement of			
Did you inspect the track prior to racing			
Did you have to alter the track prior to racing			
Did you have to alter the track during the event			
Weather conditions at commencement of			
Did the weather conditions change during			

*Please provide detail:*

<b>Officials Present</b>			
All nominated Senior officials			
Sufficient other Officials			
<b>Other Services Present</b>			
Operational Medical Centre			
Operational Timing			
Operational Communications			
Fire extinguishers			
Recovery Vehicles			

**Start**

Schedule start time			
Actual start time			

*If the start was delayed please provide reason:*

<b>Programme</b>			
Did the programme run to schedule			
Was it necessary to change the Supplementary Regulations or Programme			

*If it was necessary to change; please provide an explanation:*

<b>Accidents</b>			
Were there any injury accidents			

*If so provide brief details:*

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Were there any serious accidents			

*What may have lead to the accidents and what did you do to prevent further risk of accidents:*

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