



AMCA EVENT REPORT FORM TRIALS

THIS FORM MUST BE RETURNED ALONG WITH THE EVENT DECLARATION AFTER THE EVENT

CLUB:	DATE:
VENUE:	AUTHORISATION NO:

I can confirm that the event was run in accordance with the AMCA Rules and Regulations	YES	NO
Were there any accidents resulting in injury	YES	NO

(If YES please complete the incident section below)

If you have any further comments or additional diagrams then please use an additional piece of paper. Serious Injuries must be notified to the Office the Monday morning after the event.

INJURY 1

NAME:	CONTACT NO:
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ADDRESS:

DETAILS OF ACCIDENT:

INJURY 2

NAME:	CONTACT NO:
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ADDRESS:

DETAILS OF ACCIDENT:

This section is to be completed by the Event Secretary or an otherwise responsible member of the Organising club.

OFFICIALS POSITION (PRINT)	NAME (PRINT)	SIGNATURE	DATE