



TECHNICAL CONSULTANT / SCRUTINEER REPORT

PERMIT NO: _____ **CLUB:** _____ **VENUE:** _____
STATUS: _____ **DATE:** _____ **NAME OF EVENT:** _____
CHIEF SCRUTINEER: _____ **ASSISTANT SCRUTINEER:** _____
TECHNICAL COMMITTEE: _____

PRE-EVENT SCRUTINY:

START TIME: _____ **FINISH TIME:** _____
REMARKS: _____

ENTRIES:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REJECTIONS AND REMARKS: _____

POST-EVENT SCRUTINY:

START TIME: _____
FINISH TIME: _____
REMARKS: _____

TECHNICAL CONSULTANT / CHIEF SCRUTINEER: _____ **CLERK OF THE COURSE:** _____
LICENCE NO: _____ **LICENCE NO:** _____
DATE: _____