



CHIEF REFEREE REPORT

EVENT : _____

DATE: _____

PROMOTER: _____

CHIEF REFEREE: _____

Race Flyer:

Events as Indicated:	Yes	No
Prizes as Specified	Yes	No

Registration

Sufficient Staff	Yes	No
Sufficient facilities	Yes	No
Start Lists Available	Yes	No
Sufficient Rest Rooms	Yes	No
Evaluation:		

Course:

Adequate Marshalls	Yes	No
Describe:		
Neutral Support	Yes	No
Adequate Support Staff:	Yes	No
Evaluation:		

First Aid/Medical Support

Describe:

Accidents/Occurrence Reports:

Rider Name and Injury:
Rider Name and Injury:
Rider Name and Injury:
Rider Name and Injury:

Rider Discipline:

	Yes	No
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Rider Name and Nature:
Rider Name and Nature:
Rider Name and Nature:
Use back of page if necessary:

OVERALL EVALUATION: _____

Send this report along with the surcharge form
and membership applications and fees to:

OBRA
PO Box 5773
Salem, Or 97304