



### ***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:

OVERALL EVALUATION: \_\_\_\_\_

Send this Report along with the Surcharge Form  
And all fee and membership applications to:  
OBRA  
PO Box 5773  
Salem, Or 97304