

Name of Competition:				Date of (Competition:
RGO / Club:					
Name:				Bib Num	ber:
Postal Address:					
City:		Count	ry:		
Phone Number (mobile)		Phone No	umb	er (Landli	ne)
Class:	Indicate	(check):			
	Dr	<u>yland</u>	Sle	d Sprint	
Protest Against: (Name or Entity)					Bib Number:
Describe the action(s) or incident	:				
Witnesses:					
Name:					Bib Number:
Signature:					
Name:					Bib Number:
This form must be handed to the R	ace Marsh	nall withi	n on	e hour of	completion of all heats a
that session of racing.					p
Reports lodged outside this time m	av be acci	epted at	the	RM discre	etion.
	., .c acc			41561	
Date:		Tim	e:		
		1			
Signature of Protester:					
Signature of Race Marshall:			_		