Event Report Form

Updated February 2025

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| NAME OF EVENT |  |
| DATE |  |
| BMCR REGION |  |
| ORGANISING CLUB/TEAM |  |
| EVENT ORGANISER’S NAME |  |
| EVENT ORGANISER’S EMAIL ADDRESS |  |
| NUMBER OF RIDERS ENTERED(Including Entry On the Day) |  |
| NUMBER OF SEPARATE RACES |  |
| NUMBER OF CRASHES(Mandatory – if none put ‘0’) |  |
| BRIEF DETAILS OF ANY CRASHES, INCLUDING MINOR ONES (i*nclude names and clubs of riders where possible; mention if riders required hospital treatment; give brief cause of the crash)* |
| BRIEF DETAILS OF ANY ‘NEAR *MISSES’ (for example a mechanical failure which could have caused a crash, or dangerous riding which could have caused a crash)* |
| DETAILS OF ANY WARNINGS, DISQUALIFICATIONS OR OTHER SANCTIONS *(give names and clubs of riders involved)* |
| ANYTHING ELSE TO *REPORT (e.g. Race cancelled or abandoned, complaint from another road user or local resident, bad weather/road conditions)* |
| RACE ACCOUNTS ATTACHED (Tick box) |  |