

REPORT OF THE TECHNICAL DELEGATE

Site		Country		Codex:	
Name of event				Date:	
Category:		Gender:		Event:	
Dates as in the FIS Calendar				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Replacement for:				Point Scale:	
Shall the race be counted for FIS points?					
Number of spectators		Number of nations		Number of DNS	
Number of competitors		Number of classified competitors		Homologation:	
Name of the TD			Nation:	TD No.	Tel.:
First aid service adequate?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Injury (if yes, please fill out the new injury form)				Yes <input type="checkbox"/>	No <input type="checkbox"/>
During Training <input type="checkbox"/>			During Race <input type="checkbox"/>		
In the case of serious accident, see separate report (if yes, please fill out the accident report)					
Code-No.:	Names:	NAT	Code-No.:	Names	NAT:
Antidoping controls				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Protests		Art. ICR			
Sanctions		Art. ICR			
Timing/results problems and remarks?					
Supplementary report					
Place and date:			TD signature:		