

1.	Name of Race						
2.	Date of Race						
3.	Name of Chief Commissaire						
4.	Name of Host Club / Team						
5.	Name of Race Organizer						
6.	Level of Race						
	Alberta Cup		Provincial Cham	pionsh	nip 🗌	Othe	r 🗌
7.	Type of Race						
	One-Day		Multi-Day 🗌		Six Day		
8.	Event(s) Present	ted (che	eck all that apply)				
	Ind. Sprint		Team Sprint		Ind. Pursuit	t	
	Team Pursuit		Kilo/500 TT		Madison		
	Keirin		Scratch Race		Points Race	<u>;</u>	
	Omnium		Other, Specify				
9.	Names of the ot	her Co	mmissaires				
10.	If you have any	f you have any feedback on the work of the Commissaires (in general					
	or individuals) p	lease p	provide it.				
11.	Were enough rad	dios pr	ovided?				
		mmen					



12.	Was first aid coverage adequate? Yes ☐ No ☐ Comments
13.	Was the race office / registration area adequate? Yes No Comments
14.	Was the competition equipment at the track adequate (ex. Lap counters, gates, pursuit pads, start pistol, timing equipment, etc.) Yes \Boxedown No \Boxedown Comments
15.	Did the organization supply enough volunteers for the event to run efficiently? Yes \square No \square Comments



16.	Was the race schedule followed?							
	Yes No Comments							
17.	Describe any problems with the set-up or design of the track.							
18.	Describe any problems with the organization of the event.							
19.	Describe all penalties issued and the circumstances of each. Include the name, UCI Code and team of all riders sanctioned.							



20. Describe the circumstances of any injuries requiring transport to hospital. Include the name of the rider(s) and as many details of the incident(s) as you can.

21. Do you have any suggestions concerning how this race might be improved in the future?