



Event Checkers Report - Pre-Event

Please send copies of this report to:

- the Clerk of Course (to accompany Permit Application)
- the Area Co-Ordinator

Event Name _____ Date(s) of Event _____

Event Promoter _____

Shires and/or Forests _____

Clerk of Course _____

Course and Route Instructions

Checked on Map Approved YES / NO

Checked on Road Approved YES / NO Date...../...../.....

Event Map(s) Approved YES / NO

Control Locations Approved YES / NO

Itinerary Approved YES / NO

Service Instructions Approved YES / NO

Spectator Instructions Approved YES / NO

Road Closures Approved YES / NO

Media Day Approved YES / NO / Not Applicable

Ceremonial Start Approved YES / NO / Not Applicable

Supplementary Regulations Approved YES / NO

Have required changes been made? (Where applicable) YES / NO

Applications Sent to

Forestry Date...../...../.....

Shire(s) Date...../...../.....

Police Date...../...../.....

Recommend CAMS Permit be issued YES / NO

(If NO, please give details) _____

Comments (standard of event, etc) _____

Name (Checker) _____ Date...../...../.....

Signature _____ Phone (Mobile) _____

Email _____