

REPORT OF THE TECHNICAL DELEGATE

Site				Country			Codex:	
Name of event						Date:		
Category:		Gender:		Event:				
Dates as in WPSB-Calendar						Yes	No	
Replacement for:				Point Scale:				
Shall the race be counted for WPSB points?								
Number of spectators		Number of nations		Number of DNS				
Number of competitors		Number of classified		Homologation:				
Name of the TD				Nation:	TD No.	Tel.:		
Name of the TD Candidate				Nation:		Tel.:		
Name of the slalom flex poles used								
Name of the flags used								
Chemical used?						Yes	No	
First aid service adequate?						Yes	No	
Injury (if yes, please fill out the new injury form)						Yes	No	
During Training				During Race				
Code-No.:	Names/Noms/Namen:		NAT	Code-No.:	Names		NAT:	
Antidoping controls						Yes	No	
In the case of serious accident, see separate report (if yes, please fill out the accident report)								
Protests			Art. WPSB					
Sanctions			Art. WPSB					
Timing Problems?								
Supplementary report								
Place and date:				TD's signature:				
E-Mail for Results:(Important only xml format!) Phone number WPSB: +49 228 2097 270 / E-mail: info@worldparasnowboard.org								

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