New York State Ski Racing Association - Nordic, Inc.

CROSS COUNTRY TECHNICAL DELEGATE REPORT[1]

TECHNICAL DELEGATE'S NAME:
_____

Complete and return this report to the Cross Country Committee Chair:

Jim Kobak
418 River Rd
Peru, NY
12972-4647

RACE TITLE: _____ Date: _____

Location: _____ Host Club: _____

RACE COMMITTEE:
- Chief of Race _____ Race Secretary _____
- Chief of Course _____ Chief Timekeeper _____
- Chief Calculator _____ Chief Steward _____

RACE JURY:
- Chief of Race _____ Chief of Course _____

_____

_____

_____

SCHEDULED EVENTS: Race length(s), classes (male and female), start times, and any technical restrictions.

_____

_____

_____

_____

_____

[1] This form is modified from one previously used by the U S Ski Association Nordic Officials Association.

Event Type: (please circle one or more): BKYSL Junior Open Masters Citizen

RACE ORGANIZATION:

a. Housing for team and officials: _____

_____

b. Sponsorships: _____

_____

c. Hospitality: _____

_____

d. Awards/Prizes: _____

_____

e. Jury and Team Captain's Meeting: _____

_____

f. The Draw: _____

_____

START AND FINISH AREA:

a. Stadium Set-up: _____

_____

b. Waxing Area: _____

_____

c. Rest Rooms/Changing Facilities: _____

_____

d. Ski Marking: _____

_____

e. Adequate Stewards: _____

_____

f. Timing Facilities: _____

_____

g. Timing System - Electronic/Hand-held: _____

_____

h. Press Facilities: _____

_____

i. Public Address System: _____

_____

THE COURSE: (INCLUDE A TRAIL MAP WITH COURSE DISTINCTLY MARKED)

A. SNOW CONDITIONS: _____

_____

B. TEMPERATURES:

_____

C. WARM-UP TRACKS:

_____

_____

D. CONDITION OF TRACKS/GROOMING:

_____

_____

E. TYPE OF TRACK-SETTING EQUIPMENT:

_____

_____

F. COURSE MARKINGS:

_____

_____

G. FEED STATIONS:

_____

_____

SAFETY:

a. Type of Medical Aid Available: _____

_____

b. Any dangerous sections of the course? _____

_____

c. Sufficient area for spectators: _____

_____

d. List accidents or injuries: _____

_____

_____

RESULTS:

a. Comment on Calculations: _____

_____

b. Comment on publication of results: _____

_____

c. Any official protests (please list):

_____

_____

_____

General Impressions: _____

_____

_____

_____

_____

_____

SIGNATURE OF TECHNICAL DELEGATE:

_____

Date_____