



ASSA Race Protest Form

Name of Competition:		Date of Competition:		
RGO / Club:				
Name:		Bib Number:		
Postal Address:				
City:		Country:		
Phone Number (mobile)		Phone Number (Landline)		
Class:	Indicate (check):			
	Dryland	Sled Sprint	Nordic	Distance
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Protest Against: (Name or Entity)		Bib Number:
Describe the action(s) or incident:		
Witnesses:		
Name:		Bib Number:
Signature:		
Name:		Bib Number:
Signature:		

This form must be handed to the Race Marshall within one hour after the protester has finished.

Date:	Time:
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Signature of Protester:
Signature of Race Marshall: