

NEW ZEALAND FEDERATION OF SLED DOG SPORT

RACE PROTEST FORM



NAME OF EVENT	DATE
PLACE OF EVENT	TIME
NAME OF PROTESTER	BIB NUMBER
PHONE NUMBER	
CLASS	DRYLAND <input type="radio"/> SNOW <input type="radio"/> WEIGHTPULL <input type="radio"/> DISTANCE <input type="radio"/>

THIS FORM MUST BE HANDED TO THE RM WITHIN ONE HOUR AFTER THE HEAT HAS FINISHED. PLEASE MAKE SURE YOUR TEAM IS CARED FOR FIRST.

PROTEST AGAINST _____	BIB NUMBER
PROTEST AGAINST RACE OFFICIAL _____	TICK BOX <input type="radio"/>

DESCRIBE THE ACTION(S) OR INCIDENT AND STATE WHICH RULE(S) WAS/WERE INFRINGED. USE ADDITIONAL PAGES AS REQUIRED.

WITNESS(ES)	
NAME	SIGNATURE
NAME	SIGNATURE
ELECTRONIC WITNESS/CAMERA PICTURES	TICK BOX <input type="checkbox"/>
SIGNATURE PROTESTER	

RACE MARSHAL COMMENTS	
<u>COMMENTS</u>	
<u>VERDICT</u>	
<u>ACTIONS</u>	
SIGNATURE RM	TIME RECEIVED