



Form 10.8.6

PONY CLUB TASMANIA Inc. EVENTING TECHNICAL DELEGATES REPORT

Event type: _____ Organiser: _____ Date: ___/___/___
Venue: _____ TD: _____

Cross Country course Designer/s	Showjumping Course Designer/s	Showjumping Judge/s
1:	1:	1:
2:	2:	2:
Riders Rep:	XC Controller:	Scorer:
Medical:	Veterinary:	Assistant TD:

Class	Start no's	Dressage Judges		XC Efforts	XC Length	# Falls	
		1	2 (if any)			XC	/ SJ
CNC2**							
CNC1*							
EA105							
PCG1							
EA95							
PCG2							
EA80							
PCG3							
EA65							
PCG4							
PCG5							

GENERAL

1. Organisation

2. Facilities/Course (including if up to grades' standard)

3. Discipline/Incidents/Falls

4. General comments

Send a copy only (as confidential) to the Event and PCT Zone / TEA Secretaries and the PCT Administrator and the PCT/TEA President as applicable, within 14 days. Ensure Results & XC Fence Analysis are attached and the Fall Reports are sent to PC Zone Secretary / TEA President ASAP.

Signature of TD: _____ Date: ___/___/___