

Name of Fixture:

**Course Name:** 

## Officials at Meetings 2023 - 2024

## INFORMATION REQUIRED BY THE POINT-TO-POINT AUTHORITY

Please send via Email when possible to <a href="mailto:info@p2pa.co.uk">info@p2pa.co.uk</a> or Post to

Date of

Fixture:

The Point to Point Authority Ltd, Unit 30A, Shrivenham Hundred Business Park, Watchfield, Swindon, SN6 8TZ There is no need to do both

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE, NO LATER THAN 5 WEEKS BEFORE YOUR MEETING

Clerk of Course:		
SENIOR STEWARD:	Name:	Telephone:
Steward 1: (name only)		·
Steward 2:		
Steward 3:		
Steward 4:		
Steward 5:		
Steward 6:		
Steward 7: (Please state if New)		
Steward 8:		
(Please state if New)		
	Point to Point Authorit as soon as	ty of any changes to officials on the day possible.
Please inform The I		
Please inform The I  Judge:  Name:		
Please inform The I  Judge:  Name: Email:		
Please inform The I  Judge:  Name:		
Please inform The I  Judge:  Name:  Email:  Telephone Number:		
Please inform The I  Judge:  Name:  Email:  Telephone Number:  Starter:		
Please inform The I  Judge:  Name:  Email:  Telephone Number:  Starter:  Name:		
Please inform The I  Judge:  Name:  Email:  Telephone Number:  Starter:  Name:  Email:		
Please inform The I  Judge:  Name:  Email:  Telephone Number:  Starter:  Name:  Email:  Telephone Number:  Commentator:		

Name of Fixture:	
Senior Doctor: Name:	
Email:	
Telephone Number:	
2nd Doctor: Name:	
Email:	
Telephone Number:	
3rd Doctor: Name:	
Email:	
Telephone Number:	
Paramedic: Name:	
Email:	
Telephone Number:	
Paramedic: Name:	
Email:	
Telephone Number:	
Paramedic: Name:	
Email:	
Telephone Number:	
Senior Vet: Name:	
Place of Work:	
Email:	
Telephone Number:	
2nd Vet: Name:	
Place of Work:	
Email:	
Telephone Number:	
3rd Vet: Name:	
Place of Work:	
Email:	
Telephone Number:	