



# Officials at Meetings 2024 - 2025

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

Please complete on your computer, save, and return via email to [info@p2pa.co.uk](mailto:info@p2pa.co.uk)  
 OR, if you have no alternative, please post to: 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 ASAP, BUT NO LATER THAN 5 WEEKS BEFORE YOUR MEETING**

<b>Name of Fixture:</b>			
<b>Course Name:</b>		<b>Date of Fixture:</b>	
<b>SENIOR STEWARD:</b>	<b>Name:</b>	<b>Telephone:</b>	
Steward 1: (name only)			
Steward 2:			
Steward 3:			
Steward 4:			
Steward 5:			
Steward 6: (minimum)			
Steward 7: (please state if New/Shadowing)			
Steward 8: (please state if New/Shadowing)			

**Please inform The Point-to-Point Authority of any changes to officials on the day  
 Names are confirmed against your submitted marked racecard**

<b>Judge:</b>	
Name:	
Email:	
Telephone Number:	
<b>Starter:</b>	
Name:	
Email:	
Telephone Number:	
<b>Commentator:</b>	
Name:	
Email:	
Telephone Number:	

<b>Name of Fixture:</b>	
<b><sup>1</sup>Senior Doctor:</b> Name:	
Email:	
Telephone Number:	
<b><sup>1</sup>2nd Doctor:</b> Name:	
Email:	
Telephone Number:	
<b>3rd Doctor:</b> Name:	
Email:	
Telephone Number:	
<b>Paramedic:</b> Name:	
Email:	
Telephone Number:	
<b>Paramedic:</b> Name:	
Email:	
Telephone Number:	
<b>Paramedic:</b> Name:	
Email:	
Telephone Number:	
<b><sup>2</sup>Senior Vet:</b> Name:	
Place of Work:	
Email:	
Telephone Number:	
<b><sup>2</sup>2nd Vet:</b> Name:	
Place of Work:	
Email:	
Telephone Number:	
<b>3rd Vet:</b> Name:	
Place of Work:	
Email:	
Telephone Number:	

1 **Doctor must be BHA Registered (completed annually)**

2 **Vet must be ARVS (Trauma) Qualified (completed the course & mentoring phase)**