



TECHNICAL DELEGATE REPORT - ALPINE

(One form per race code, per gender)

Competition \_\_\_\_\_ Date \_\_\_\_\_

USSA Race Code \_\_\_\_\_ Place \_\_\_\_\_

Level(s) of race:  Sr.  J1  J2  J3  J4  J5  J6  Masters Gender: M  F 
Event:  DH  SL  GS  SG  SC  Kombi Scored:  Non-Scored:

Event dates as calendared:  Yes  No If no, replacement for: \_\_\_\_\_

Event meets vertical drop requirements:  Yes  No Measured Vertical Drop: \_\_\_\_\_ meters
Measurement taken/verified with:  ALTIMETER  GPS  OTHER \_\_\_\_\_

Shall this race be counted for USSA points? \_\_\_\_\_ Calculated Penalty Points: \_\_\_\_\_ Applied Penalty Points: \_\_\_\_\_
If no, why not? \_\_\_\_\_

Start List: \_\_\_\_\_ DNS 1st: \_\_\_\_\_ DNS 2nd: \_\_\_\_\_ Total DNF'S: \_\_\_\_\_ Total DSQ'S: \_\_\_\_\_ Ranked: \_\_\_\_\_
Head Tax #: \_\_\_\_\_ (This space used for two-run combined-time events where 1st Run DNS are allowed 2nd Run start and must figure in Head Tax.)

Course Name: \_\_\_\_\_ Homologation #: \_\_\_\_\_

Name of the TD: \_\_\_\_\_ USSA No.: \_\_\_\_\_ Tel.: \_\_\_\_\_
e-mail: \_\_\_\_\_

Name of the TD Candidate: \_\_\_\_\_ USSA No.: \_\_\_\_\_ Tel.: \_\_\_\_\_
e-mail: \_\_\_\_\_
(A separate report on the TD Candidate must be filed with the Divisional AO Chairperson.)

Chemical Used?  Yes  No First Aid Service Adequate:  Yes  No

Table with 2 columns: Accidents During Training and Accidents During Event. Each column has sub-columns for USSA #, Name, and Injury.

(In case of serious accidents, a separate report must be filed with USSA.)

Miscellaneous: Protests: \_\_\_\_\_ USSA Rule(s): \_\_\_\_\_
Sanctions: \_\_\_\_\_ USSA Rule(s): \_\_\_\_\_

Timing Report:
Timing equipment meets current USSA specification for level of competition: \_\_\_\_\_
[If "NO" include recommendations for improvement.]
Level of competition requires compliance with USSA timing specifications: \_\_\_\_\_
[If "YES" include completed, signed USSA Timing & Data Technical Report Form for each Transmittal.]

Supplementary Report:

Place and Date: \_\_\_\_\_ TD's Signature: \_\_\_\_\_

Please forward a copy of this form to: Randy Rogers; 1980 Gilham Rd; Eugene, OR 97401 (snowmystr@yahoo.com)