



Post Event Information Return

To be completed by the Promoting Body within one month of the ARC Permitted event and forwarded to the address below with a copy of the full list of entrants.

Event name: _____ Date of event: _____

Name of Referee: _____

Medical Cover Provider: _____

Police authority and contact officer: _____

Number of finishers

Please give details in this box of any significant accidents, incidents or casualties. (This should be completed in consultation with your lead medical person).

Where any incident has occurred that could lead to an Insurance Claim you must complete an ARC Incident Report form available on ARC website (www.runningclubs.org.uk) within 7 days of the event.

Signature..... Position..... Date.....

Send to: Michael White, 19, Sheephouse Green, Wotton, Dorking, Surrey RH5 6QW