



New York State Ski Racing Association - Nordic, Inc.

CROSS COUNTRY TECHNICAL DELEGATE REPORT¹

TECHNICAL DELEGATE'S NAME: _____

Complete and return this report to the Cross Country Committee Chair: Larry Wilkinson
X C Competition Committee
7 Ramblewood Drive South
Utica, NY 13502

RACE TITLE: _____ **Date:** _____

Location: _____ **Host Club:** _____

RACE COMMITTEE:

- Chief of Race _____ Race Secretary _____
- Chief of Course _____ Chief Timekeeper _____
- Chief Calculator _____ Chief Steward _____

RACE JURY:

- Chief of Race _____ Chief of Course _____
- _____
- _____
- _____

SCHEDULED EVENTS: Race length(s), classes (male and female), start times, and any technical restrictions.

¹ This form is modified from one previously used by the U S Ski Association Nordic Officials Association.

Event Type: (please circle one or more): BKYSL Junior Open Masters Citizen

RACE ORGANIZATION:

a. Housing for team and officials: _____

b. Sponsorships: _____

c. Hospitality: _____

d. Awards/Prizes: _____

e. Jury and Team Captain's Meeting: _____

f. The Draw: _____

START AND FINISH AREA:

a. Stadium Set-up: _____

b. Waxing Area: _____

c. Rest Rooms/Changing Facilities: _____

d. Ski Marking: _____

e. Adequate Stewards: _____

f. Timing Facilities: _____

g. Timing System - Electronic/Hand-held: _____

h. Press Facilities: _____

i. Public Address System: _____

THE COURSE: (INCLUDE A TRAIL MAP WITH COURSE DISTINCTLY MARKED)

A. SNOW CONDITIONS: _____

B. TEMPERATURES:

C. WARM-UP TRACKS:

D. CONDITION OF TRACKS/GROOMING:

E. TYPE OF TRACK-SETTING EQUIPMENT:

F. COURSE MARKINGS:

G. FEED STATIONS:

SAFETY:

a. Type of Medical Aid Available: _____

b. Any dangerous sections of the course? _____

c. Sufficient area for spectators: _____

d. List accidents or injuries: _____

RESULTS:

a. Comment on Calculations: _____

b. Comment on publication of results: _____

c. Any official protests (please list):

General Impressions: _____

SIGNATURE OF TECHNICAL DELEGATE:

Date _____