

INTERCLUB EVENT MEET DIRECTOR FORM

Please return this form within 14 days of the completion of the competition.

Name of competition: _____

Date of competition: _____

1. REGISTRATION OF GBC MEMBERS:

- Were all of the competitors registered with GBC? Yes No
→ If NO, was the club and GBC notified? Yes No

- Were all of the coaches registered and checked for NCCP Certification? Yes No

→ If NO, please clarify

- Were there any injuries during the competition? Yes No
→ If YES, please attach the injury report form.

2. PARTICIPATION

Please summarize the number of sessions that were offered and the number of athletes in each session:

Session #	# of Athletes	Gender	
		Male	Female