



## Amundsen Race Protest Form

Name and Class: Amundsen Race -		Date:
Place of Competition: Strömsund		
Name		Bib Number
Address:		
City:		Country:
Phone Number (mobile)		Email Address:

Protest Against: (Name or Entity)	Bib Number
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Describe the action(s) or incident and mention which rule(s) is/are infringed.

Witnesses

Name	Bib Number
Signature	
Name	Bib Number
Signature	

This form must be handed to the Race Marshall / Race Director within one hour after the protester has finished.

Signature of Protester
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Date	Time
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Signature of Race Marshall / Race Director