

CARNIVAL REPORT FORM

Carnival		Date	
Venue			
Name		Position	

This form is to provide feedback on the organisation and/or conduct of athletics carnivals held under the auspices of LAANSW Inc and affiliated organisations.

Comments can be positive and/or negative.

(if there is insufficient space on the form please add additional pages or use back of form)

Please tick the facet you are reporting on			
Competition Area	Officials Helpers	Competitors	General
Markings _____	Appointed Official ___s	Uniforms _____	Spectators _____
Equipment _____	Centre Volunteers _____	Behaviour _____	Program _____
Safety _____			Other _____
Comments			

Please tick the facet you are reporting on			
Competition Area	Officials Helpers	Competitors	General
Markings _____	Appointed Official ___s	Uniforms _____	Spectators _____
Equipment _____	Centre Volunteers _____	Behaviour _____	Program _____
Safety _____			Other _____
Comments			

**This form should be returned to the Carnival Manager or can be sent to the Little Athletics NSW office
LANSW, Locked Bag 85, Parramatta NSW 2124; or Fax: 9633 2821**