



VMCC DORSET SECTION

OFFICIALS AND ASSISTANTS SIGNING-ON SHEET

EVENT: DATE:

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EVENT SECRETARY / ORGANISER		
MEMBERSHIP NUMBER	NAME (Print)	SIGNATURE

EVENT ASSISTANTS		
MEMBERSHIP NUMBER (if applicable)	NAME (Print)	SIGNATURE

BREAKDOWN CREW		
MEMBERSHIP NUMBER (if applicable)	NAME (Print)	SIGNATURE

INCIDENT REPORTING	
This section to be completed by the Event Secretary/Organiser	
Please tick the appropriate box below:	
I have completed VMCC Incident Forms for those incidents which have occurred	<input type="checkbox"/>
I confirm that I am not aware of any incidents that have occurred during the event.	<input type="checkbox"/>
Signed: Name: Date:	

