



## EVENT ACCIDENT REPORT FORM

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Name of Club or Promoter .....Adult and/or Youth Division

Date of Event .....

Venue of Event .....

Name of Injured Person .....

Date of Birth ..... Male/ Female \*

Address .....

..... Post Code: .....

\* delete as appropriate

#### **Circumstance of Accident**

.....  
.....  
.....

Name of Injury Sustained .....

Form completed by ..... (print name)

Competitor, Official or Spectator (please state) .....

Signed by ..... Date .....

On behalf of.....

When completed this form must be sent with the first aid report form and casualty report form, within 7 days of the incident to:

Alan & Thomas  
99 Holdenhurst Road  
Bournemouth  
Dorset  
BH8 8DY

Serious injuries should also be notified to ORPA office (see handbook for contact address).