



TECHNICAL DELEGATE REPORT - ALPINE (One form per race code, per gender)

Name of Competition _____ USSA Race Code _____
Place _____ Date _____

Level(s) of race: [] SR [] U21 [] U19 [] U16 [] U14 [] U12 [] U10 [] U8 [] Masters Gender: [] M [] F
Event: [] DH [] SL [] GS [] SG [] AC [] Kombi [] Dual [] Parallel [] Scored [] Non-Scored

Event dates as calendared: [] Yes [] No If no, replacement for: _____

Course Name: _____ Homologation #: _____

Start/finish elevations are within homologation [] Yes [] No If "NO", explain: _____

Measured Vertical Drop: _____ meters Vertical Drop measured/verified by Altimeter [] GPS [] Topo Map []
(Recognize all devices have inherent variability.)

Event meets vertical drop requirements for level of competition: [] Yes [] No

Jury Minutes completed and signed: [] Yes [] No If "NO", why not: _____
All USSA-sanctioned events require that Jury decisions be documented with Jury Minutes; Minutes must show votes and be signed by voting Jury members.

Shall this race be counted for USSA points? [] Yes [] No Calculated Penalty: _____ Applied Penalty: _____

If "NO", why not? _____

Start List: _____ NPS 1st _____ DNS 1st _____ NPS 2nd _____ DNS 2nd _____ Total DNF _____ Total DSQ _____ Ranked _____
Head Tax #: _____ (This space for specific two-run combined-time events where 1st Run DNS are allowed 2nd Run start and must figure in Head Tax.)

Name of the TD: _____ USSA #: _____ Tel #: _____

email: _____

Name of the TD Candidate: _____ USSA #: _____ Tel #: _____

email: _____

(A separate report on the TD Candidate must be filed with the Divisional AO Chairperson.)

First Aid Service Adequate: [] Yes [] No

Table with 2 columns: Accidents During Training and Accidents During Event. Each column has sub-columns for USSA #, Name, and Injury.

American Specialty 1st Report of Accident(s) completed online or attached: [] Yes

(In case of serious accidents, immediately contact USSA for instructions; an additional TD Accident Report must be filed.)

Miscellaneous: Protests: _____ USSA Rule(s): _____

Sanctions: _____ USSA Rule(s): _____

Timing equipment meets current USSA specification for level of competition: [] Yes [] No
[If "NO" include recommendations for improvement.]

Level of competition requires compliance with USSA timing specifications: [] Yes [] No

[If "YES" (all scored events /all non-scored Championship events), include completed/signed Timing & Data Technical Report Form for each Race Code.]

[If "NO" (all non-scored/non-Championship events), please complete the following:

Electronic Timer Manufacturer: System A: _____ Model #: _____

System B: _____ Model #: _____

Supplementary Report:

Place and Date: _____ TD's Signature: _____

Please forward a copy of this form to: USSA TDWG Chair (ussatd1@gmail.com)