



WSA Race Protest Form

Name of Competition		Date of Competition	
Place of Competition (City, Province, Country)			
Name		Bib Number	
Postal Address			
City, Province		Country	
Phone Number (mobile)		Phone Number (Landline)	
Class	Indicate (check):		
	Canicross	<input type="checkbox"/> Rig	<input type="checkbox"/> Bike
Distance			

Protest Against: (Name or Entity)		Bib Number	
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 Marshal within one hour after the protester has finished.

Date	Time
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Team Leader's Name	Country
Team Leader's Mobile Phone Number	

Signature of Protester
Signature of Race Marshall