



PCA OBSERVER'S REPORT FOR TOUR

Version 201G

This report should be completed and returned no later than ten days after the event to the **PCA National Office, PO Box 6400, Columbia, MD 21045**. Please type or print, as this report will be reproduced. Be sure to complete both sides and use extra pages for comments if necessary.

Name of Event: _____ Date(s): _____
 Region: _____ No. of Entries: _____
 Type of Tour: _____ Day Trip; Progressive; Overnight; Other

 Weather conditions: _____
 Start location: _____ Finish Location: _____
 Event Chairperson: _____ Region President: _____
 Address: _____ Address: _____

FILL OUT THE FOLLOWING. PLEASE EXPLAIN ANY NEGATIVE OR MARGINAL RESPONSES.
(5 is excellent, 3 is average, and 1 is marginal)

INSURANCE:

Were all attendees required to sign the standard PCA waiver and release form? YES NO
 Was a copy of the event insurance binder confirmation available at registration? YES NO
 Rate risk management for this event: _____
 Who will archive the release forms? _____
 Other parties named on the Insurance Binder? _____

EVENT ORGANIZATION:

Was the drivers' meeting adequate? YES NO
 Were safety issues discussed at the drivers' meeting? YES NO
 Were drivers monitored for unsafe or aggressive driving? YES NO
 Were non-Porsche vehicles allowed to run the event? YES NO
 Was a lead car used? YES NO
 Was a sweep car used? YES NO

TOUR ROUTE:

Was the route well defined? YES NO
 Was there an adequate rest stop? YES NO
 Were pull-off areas adequate and safe at rest stop(s)? YES NO
 Did all cars stay on the route? YES NO
 Were speeds kept within legal limits? YES NO
 Were congested areas properly anticipated? 5 4 3 2 1
 Approximate length of the Tour: _____
 Approximate total running time: _____

Tour Observer's Report (Page 2 of 2 pages)

GENERAL

Rate the overall standard of the event and organization:

- Excellent; Above Average; Below Average; Marginal

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS:

Additional pages attached



PCA Observer: _____

Title/Position: _____

Address: _____

Telephone: (____) _____ - _____

E-mail: _____

Signature: _____

Date: _____