**DATE:** Friday, 25th February 2022

**TITLE:** Post Event Report

**AREA:** Pathways

Please complete the Post Event Report and send to [eo.qld@paddle.org.au](mailto:eo.qld@paddle.org.au) within 5 days of the event with the required supporting documentation. An invoice will be supplied once finalised.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Event Date:** |  | | **Event Discipline:** | |  | | | |
| **Event Name:** |  | | **Event Host:** | |  | | | |
| **Event Location:** |  | | | | | | | |
| **Event Contact:** |  | | **Position:** | |  | | | |
| **Phone:** |  | | **Email:** | |  | | | |
| **DATA TO INCLUDE:** | | | | | | | | |
| **Entrants:** | Total | | | | | | | |
| **Members: *(M/F)*** | **Juniors** | / | **Opens** | / | | **Masters** | | / |
| **Non-Mem: *(M/F)*** | **Juniors** | / | **Opens** | / | | **Masters** | | / |
| **Clubs:** | Total | | | | | | | |
| **Craft:** | Totals per type | | | | | | | |
| **EVENT OVERVIEW:** | | | | | | | | |
| **Please supply a 50–100-word summary with 3-5 images showcasing the event.** | | | | | | | | |
|  | | | | | | | | |
| **INCIDENTS:** | | | | | | | | |
| **Were there any incidents (injury or otherwise) that occurred prior, during or on completion of the event?** | | | | | | | **YES / NO** | |
| *If yes, please complete an Incident Report Form and supply to Paddle Queensland.* | | | | | | | | |