



# PCA OBSERVER'S REPORT FOR TOUR

This report should be completed and returned no later than ten days after the event to the PCA National Office, PO Box 1347, Springfield, VA 22151-1347. 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 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? OK Marginal  
 Was a copy of the event insurance binder confirmation available at registration? OK Marginal  
 Rate risk management for this event: 5 4 3 2 1  
 Who will archive the release forms? \_\_\_\_\_  
 Other parties named on the Insurance Binder? \_\_\_\_\_

### EVENT ORGANIZATION:

Was the drivers' meeting adequate? OK Marginal  
 Were safety issues discussed at the drivers' meeting? OK Marginal  
 Were drivers monitored for unsafe or aggressive driving? OK Marginal  
 Were non-Porsche vehicles allowed to run the event? OK Marginal  
 Was a lead car used? OK Marginal  
 Was a sweep car used? OK Marginal

### TOUR ROUTE:

Was the route well defined? OK Marginal  
 Was there an adequate rest stop? OK Marginal  
 Were pull-off areas adequate and safe at rest stop(s)? OK Marginal  
 Did all cars stay on the route? OK Marginal  
 Were speeds kept within legal limits? 5 4 3 2 1  
 Were congested areas properly anticipated? 5 4 3 2 1  
 Approximate length of the Tour: \_\_\_\_\_  
 Approximate total running time: \_\_\_\_\_

### GENERAL:

Rate the overall standard of the event and organization:  
 Excellent  Above Average  Below Average  Marginal

GENERAL COMMENTS, REMARKS, OR RECOMMENDATIONS:

Additional pages attached

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PCA Observer: \_\_\_\_\_  
Title/Position: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Mail to the PCA National Office at the address on Page 1 or complete form on line at [www.pca.org](http://www.pca.org)