

**EVENT RETURN FORM**

Event Name:

Event Date: Licence Number:

Please complete this form and forward **within 28 days** of the date of your event, together with the following:

* A complete list of entries (including athletes’ SA membership numbers)
* A copy of the full event results
* Medical Return form
* A BACS transfer for levies generated by your event

(Levies of £2 per non-**scottish**athletics member apply to road, cross country and trail races only)

Please give details of **entries** received for your event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Male | Female | Non-binary(if applicable) | Totals |
| No. of **scottish**athletics members |  |  |  |  |
| No. of non-**scottish**athletics members |  |  |  |  |
| Totals |  |  |  |  |

Did you charge an entry fee for your event? **Yes No**

If yes, did your entry fee (per race/field event) exceed £2? **Yes No N/A**

Forms and payments should be sent to the **scottish**athletics Events Team at events@scottishathletics.org.uk or by post to **scottish**athletics, Caledonia House, South Gyle, Edinburgh, EH12 9DQ. BACS transfers should be made to:

**account no. 00667222** **sort code 83-19-04**

Please ensure you include the name and licence number of your event on each form and in your payment reference so we can identify it.