



Race Event Permit Application

CASC Ontario Region Road Race Championships

Canadian Automobile Sport Clubs-OR
7250 Keele St., Suite 413
Vaughan, ON L4K 1Z8

Telephone: (416) 667-9500
Fax: (416) 667-9555
E-mail: office.admin@casc.on.ca
racedirector@casc.on.ca

Please submit all parts of the Event Permit Application to the CASC Office Administrator and the Race Director no less than 30 days prior to the event:

- o Part 1: Permit Application Form;
- o Part 2: Payment: E-transfer or Current-date cheque payable to CASC-OR for **\$1,582.00 (includes 13% HST)**
- o Part 3: A draft or copy of the event's Emergency Plan
- o Part 4: A draft or copy of the event's Supplementary Regulations
- o Part 5: A draft or copy of the event's Schedule

Late Applications (received less than 30 days prior to the Event) are subject to a 50% surcharge.

Organizing Club: _____ **Acronym:** _____

Club Contact: **Name:** _____ **Telephone (Day):** _____

Address: _____

City: _____ **Postal Code:** _____

Email: _____

Name of Event: _____

Event Date: **From:** _____ **To:** _____

Name of Competition Facility: _____

Location of Competition Facility: _____

LICENCED OFFICIALS

The following positions must be licensed and in good standing with CASC Ontario Region.

CHIEF STEWARD: _____

CHIEF COURSE MARSHAL: _____

CHIEF TIMEKEEPER: _____

CHIEF SCRUTINEER: _____

CLERK OF THE COURSE: _____

OTHER OFFICIALS

The name of the individual providing oversight to a functional group must be supplied. In addition, for officials who are not members of clubs that are affiliated with CASC Ontario Region, contact information must be supplied.

EVENT SECRETARY: _____

RESCUE & EMERGENCY: _____

CHIEF REGISTRAR: _____

ASS'T COURSE CLERK(S): _____

CHIEF MEDICAL OFFICER: _____

CHIEF PIT OFFICIAL: _____

CHIEF GRID OFFICIAL: _____

CHIEF STARTER: _____

Paddock OFFICIAL: _____

PACE CAR DRIVER: _____

TRACK RESTORATION: _____

RESULTS: _____

TROPHY PRESENTATION: _____

JUDGES OF FACT: START/FINISH: _____

 PIT LANE SPEED: _____

 BLEND LINE: _____

OBSERVER(S) _____

Payment Made By: E-transfer Cheque by mail/courier

Signature of Authorized Applicant: _____

Printed Name of Authorized Applicant: _____

Position of Applicant: _____

CASC-OR OFFICE USE	Affiliation Verified:		Date Received:
	Emergency Plan:	Rec'd: Approved:	Invoice #:
	Supp Regs Received:	Rec'd: Approved:	Payment Received:
	Schedule Received:	Rec'd: Approved:	Permit #:
	Insurance Certificate #:		Permit Issued to Club: