

+EVENT INFORMATION FORM FOR A SANCTION



Please note this form is in 2 sections

Many sanctions will fall within **Section A** and can be approved at State Council level.

Events with over 1000 spectators or a go whoa driving event will require both **Section A and Section B** to be completed and require head office verification prior to a sanction being issued. Please read the attached carefully and fill out the relevant questions to assist in the turn around time for approvals and sanctioning. For section B sanctions it is a 3 part process. If your event is a significant undertaking please ensure you seek a sanction at the onset of any planning to ensure you are not out of pocket if a sanction for what ever reason is not granted or is granted with conditions.

Section A (For ALL sanctions)

Name of Event:

Club:

The Club is an ASRF affiliated club that satisfies all affiliation requirements, including the need for the club and all its members to be currently financial

Yes	No
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The person applying for a sanction is doing so on behalf of a club OR individual (please circle)

Name: ASRF No:

If it is an individual applying please be very specific when detailing the event. It must be the person making the sanction request that is in control of the event. Any event with an involvement of a third party will require National Control Council agreement.

National Control Council approval required prior to sanction being issued:

Yes	No
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Contact Details: phone (H)..... Mobile no:

Email:

Postal address:
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Dates of Event: from : To:

Primary location / Venue:.....

Event details:.....
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.....
.....

Is there any authority, i.e. council, or organization that requires their name to be included on the ASRF Public Liability policy as an "interested party" If yes, please supply the name of the authority / organization

.....

Is the event Open to the Public at any time: yes No

If 'yes' we need to know the approximate number of spectators. This includes adults and children and the numbers are required whether the event is located in a private area or public place, ie road reserve, parking area, closed road, park or an oval. You may need to utilise a previous event or a similar event to gauge numbers that may attend. Please be vigilant in your answer as it is imperative to be as accurate as possible to ensure access to public liability is not jeopardized. Please insert numbers in Table A

Table A Summary of the event If it is a 1 day event, one line only needs to be inputted

Day	Date	Start time of event activities	Finish time of main activities	Primary activities that are planned for each day	Maxm Numbers attending on each day
1					
2					
3					
4					

What is the estimated maximum number of spectators present over any day

If the estimate is over 1000 people please complete section B of this form

If there is less then an estimated 1000 people attending, is there a go -whoa driving event?
Yes / no

If yes please complete section B of this form

PLEASE FIND ENCLOSED CHEQUE ETC. FOR \$ BEING SANCTION FEE AS APPLICABLE (Sanction Fee must be included if applicable and will be refunded if application is unsuccessful). The Applicant/Promoter agrees to abide by the rules of the A.S.R.F. as per the handbook. It is the responsibility of the Applicant/Promoter to ensure that all those involved with the event, comply with the Workplace Health and Safety requirements of the State that the event is held in, are adhered to. This is not negotiable.

SIGNED

NAME: **DATE:**

Office Use Only

DATE PRESENTED: _____ APPROVED: YES / NO FEE PAID \$ _____

DATE APPROVED: _____ SANCTION NUMBER _____

NOTE: If the Applicant/Promoter wishes to alter the terms and conditions of the Sanction Application they should apply for the alteration in writing to the Divisional Council as if the application was a new application.

Section B:

FOR AN EVENT WITH OVER 1000 SPECTATORS OR AN EVENT WITH A PLANNED GO WHOA

An event that is likely to attract large numbers of spectators may be requested to have a 'Risk Management Plan.' Please note that if your event has already filled out a 'Risk Assessment /Management Plan' that is often a prerequisite to hiring a venue, a copy of this form may suffice as suitable background and be appropriate as supporting information as part of the submission package to the ASRF head office following approval of your ASRF State Council .

Are mini rods a component of the event and if yes, what infrastructure will be provided

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What attractions will be a component of the event, i.e., bands , rides, attractions, etc

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What arrangements have been made regarding traffic wardens:

.....

Event coordinator or nominated safety officer

Name: **Phone No:**

Are relevant OHS &W requirements understood

Please detail :

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.....
.....

Is there a Go-whoa planned that is under the control of the ASRF:

yes	No
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If **yes**, a detailed submission that specifies compliance with the ''ASRF Compliance Rules for Go-Whoa Events'' is required as an attachment to this sanction submission along with a layout of the site, its amenities and the proposed track in relation to the site.

The primary venue /site associated with the event :

(Optional) **Does it have a Public Liability insurance cover ?**

Amount of public liability cover of venue/site if known:

Is an emergency evacuation plan proposed or available in the likelihood of flood or fire if required due to the season and/or location. Please detail:

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Will service providers be notified? If yes please please tick the relevant authority

Police: Fire/CFS: Local council: St Johns:

Are Traders present?:

yes **No**

Do they have or are they expected to have P/L or personal cover?

yes **No**

Other details:

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If the Applicant/Promoter wishes to alter the terms and conditions of the Sanction Application they should apply for the alteration in writing to the Divisional Council as if the application was a new application

The person signing this form that has submitted a sanction request involving a go-whoa has read the "ASRF Compliance Rules for Go -Whoa Events" and is in agreement with all 14 of the specific requirements.

Signed

Name:

Date:

1 Interim approval of the State Council: yes / no

Signed

Name: **Date:**

2 ASRF head office approval: Date Sanction fee applicable: \$

3 ASRF State Council of

Date:

FEE PAID \$..... SANCTION NUMBER