



Event Permit Application: Autoslalom
CASC Ontario Region Autoslalom Championship
To be completed for Timed or Scored AS Competition Events
For Autoslalom Driver or Instructor Training Events use form "AS Schools"

Please submit all parts of the Event Permit Application to CASC at least 30 days before the event.

- o Part 1: Permit Application Form
- o Part 2: Current-date cheque payable to CASC-OR (see Fees below)
- o Part 3: A draft or copy of the event's Safety Plan and Supplementary Regulations
- o Part 4: Copy of ASN Canada FIA Event Insurance Certificate

Fees:

One Event per Season: \$250.00 plus HST (total \$282.50)

Two or More Events: PER EVENT \$200.00 plus HST (total \$226.00)

NOTE: Late Applications – received less than 30 days before Event - 50% surcharge may be applied.

NAME OF EVENT:

EVENT DATE(S):

ORGANIZING CLUB:

EVENT LOCATION(S):

PERMIT APPLICANT/EVENT ORGANIZER CONTACT

APPLICANT NAME

ADDRESS

CITY

P/CODE

TELEPHONE (DAY)

LICENCED OFFICIALS

The following positions must be licenced and in good standing with CASC Ontario Region, or with ASN Canada FIA.

CHIEF STEWARD

CHIEF COURSE MARSHAL

CHIEF TIMEKEEPER

CHIEF SCRUTINEER



OTHER OFFICIALS

Contact information must be supplied for officials who are not members of clubs that are affiliated with CASC Ontario.

COURSE DESIGNER _____

EVENT SECRETARY _____

JUDGE(S) OF FACT _____

RESCUE & SAFETY _____

CHIEF REGISTRAR _____

ASS'T COURSE CLERK _____

MEDICAL OFFICER _____

SAFETY PLAN and SUPPLEMENTARY REGULATIONS:

It is the responsibility of the Event Organizer to supply copies of the Safety Plan and Supplementary Regulations for approval.

PERMIT DELIVERY

- By mail to: _____

- By e-mail to: _____

LEVY BILLING

Effective 2014, Levies are now billed as part of the Event Permit Fee – there is no additional charges for levies

The applicant certifies that (s)he has read and understood all applicable sections of the CASC Ontario Region General Competition Rules, and Series Regulations for the applicable division.

APPLICANT SIGNATURE _____

DATE _____

