



# 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](mailto:office.admin@casc.on.ca)  
[racedirector@casc.on.ca](mailto: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: Current-date cheque payable to CASC-OR for **\$875.75 (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:** \_\_\_\_\_

<b>CASC-OR OFFICE USE</b>	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:		