



## Event Permit Application

### CASC Ontario Region Ice Race Championship

Please submit all parts of the Event Permit Application at least 30 days before the event. Late Applications are subject to a 50% Surcharge

- Part 1: Permit Application Form
- Part 2: Payment\* of **\$875.75 (\$775.00 plus HST)**
- Part 3: A draft or copy of the event's Safety Plan

**\*E-transfer preferred - Cheques must be payable to "Canadian Automobile Sport Clubs"**

NAME OF EVENT:

\_\_\_\_\_

EVENT DATE(S):

ORGANIZING CLUB:

\_\_\_\_\_

- ICE RACING SERIES CHAMPIONSHIP EVENT
- HELD AT MINDEN FAIRGROUNDS

\_\_\_\_\_

#### 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.

CLERK of the COURSE

\_\_\_\_\_

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.

EVENT SECRETARY \_\_\_\_\_

JUDGE(S) OF FACT \_\_\_\_\_

RESCUE & SAFETY \_\_\_\_\_

CHIEF REGISTRAR \_\_\_\_\_

ASS'T COURSE CLERK \_\_\_\_\_

MEDICAL OFFICER \_\_\_\_\_

CHIEF PIT OFFICIAL \_\_\_\_\_

**SAFETY PLAN and SUPPLEMENTARY REGULATIONS:**  
It is the responsibility of the Event Organizer to supply copies of the FINAL Safety Plan and Supplementary Regulations for approval.

**PERMIT DELIVERY (please select preferred method)**

- By fax to: \_\_\_\_\_
- 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 charge 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 \_\_\_\_\_

**Email complete form to [office@casc.on.ca](mailto:office@casc.on.ca)**

**Mail to:**  
**Canadian Automobile Sport Clubs – Ontario Region**  
**7250 Keele Street, Suite 413**  
**Vaughan, ON L4K 1Z8**

**E-transfer payments accepted at [office@casc.on.ca](mailto:office@casc.on.ca)**

