



# Event Permit Application: Autoslalom Schools

To be completed for AS Driver or Instructor Training Events  
*For timed events use form "AS Competition Events"*

**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: A draft or copy of the event's Safety Plan
- o Part 3: A draft or copy of the event's Supplementary Regulations.

**Late Applications (Applications received less than 30 days in advance of the Event) are subject to a 50% surcharge.**

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**

- o By mail to: \_\_\_\_\_
- o By e-mail to: \_\_\_\_\_

**LEVY BILLING**

*AutoSlalom event levies are billed at a flat rate of \$300.00 per event, plus 13% HST.*

- o By mail to: \_\_\_\_\_
- o By e-mail to: \_\_\_\_\_
- o By fax to: \_\_\_\_\_

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 \_\_\_\_\_

