



# EVENT PERMIT APPLICATION

**Email completed form to:**

ORANZ Chief Steward  
Phil Cameron  
PO Box 90867  
Auckland 1142  
Ph: 027 479 3506  
camcoltd@xtra.co.nz

**IMPORTANT:** All clubs are required to have this form filled, faxed, approved, and returned prior to running any event to comply with the procedures of ORANZ and to be eligible for insurance cover. Please fill in the details as accurately as you have the knowledge for the event at the time of application for this permit.

ORANZ Club: .....

Event Name: .....

Date of Event: .....

Location: .....

Short course (please tick)                       Long course (please tick)

Event Organiser: .....

Phone : Personal: (.....)..... Work: (.....).....

Email for return: .....

**Type of event.** (Tick one or more)

- Closed Club, (first aid qualified person required to be in attendance)
- Open Invitation, (First aid qualified person required to be in attendance)
- Interclub Competition, (Qualified paramedics required to be in attendance)
- ORANZ Championship round, (Ambulance required to be in attendance)
- Private Promotion. (Ambulance required to be in attendance)
- Other: (e.g. club promotion, track preparation) Please state:

**Do you intend to have the following in place?** (Tick boxes)

- The necessary first aid requirement
- Clear ORANZ compliant course markings
- Scrutineering to ORANZ standards
- Designated spectator areas
- Clear and precise drivers briefing with all drivers in attendance
- A set and controlled format for the event
- Clerk of Course and Marshalls adequately briefed of proceedings.
- All participating vehicles will be ORANZ registered and tagged.
- Health and safety action plan completed

We the ..... club undertake to conduct proceedings at this event in the manner outlined above.

Signed ..... Event Organiser                      Date.....

Permission to proceed with event  
Signed ..... ORANZ Chief Steward                      Date.....

