

EVENT APPLICATION FORM

Event Name	
Name of Event:	
Sponsor:	

Contact Details		
Club Name:		
Contact Name:	Position:	
Email Address:		
Postal Address - Street or PO Box:		
Suburb:	State:	PCode:
Telephone (BH):	(AH):	(MOB):

Event Details				
Dates: Practice:	Heats/Finals:		Rain Day:	
Class 1:	Class 2:			
Class 3:	Class 4:			
Class 5:	Class 6:			
Lap Counting System:		Backup System:		
Time of Heats:	Finals:	1/2:	1/4:	1/8
Type of Starts – Heats:		Finals:		
Race Director:				
Race Referee(s):				
Time Keeper:				
Technical Inspector:				

- Note:**
1. Application must be made six (6) months prior to the event.
 2. A draft copy of the Entry Form must be sent to AARCMCC with the event application
 3. A copy of the applicant club's insurance Certificate of Currency must be sent to AARCMCC with the event application
 4. A copy of the qualifying and final results must be sent to AARCMCC within two weeks of the event. Failure to do so will incur a \$50 fine to the club.
 5. The competitor's frequency list must not be distributed.

Signed:	Date:
Print Name:	

Please return completed form with attachments to ...			
Email (preferred):	secretary@aarcmmc.org aarcmmc@gmail.com	Mail:	AARCMCC PO BOX 271 SEVEN HILLS NSW 1730