



## EVENT SANCTION REQUEST

NAME OF AFFILIATE CLUB: \_\_\_\_\_

EVENT CO-ORDINATOR: \_\_\_\_\_ MOB: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_ MOB: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EVENT TYPE: (Please tick box and circle all activity types as appropriate).

- RECREATIONAL SOCIAL RIDE
- RESTRICTED COMP: TIME TRIALS, SLALOM, HOT LAPS, DRAGS, NOVELTY EVENTS,
- TRAINING FREESTYLE COMPETITION
- TEST AND TUNE DAY
- CLOSED COURSE, CLOSED COURSE ENDURO
- OCEAN RACING

YOU WILL REQUIRE AN INSURANCE CERTIFICATE  Email: \_\_\_\_\_

PARTIES TO BE NOTED ON POLICY (Land Owners, Council, Waterways, etc):

\_\_\_\_\_

**PLEASE NOTE:**

- THIS APPLICATION MUST BE RECEIVED BY POST OR EMAIL AT LEAST 14 DAYS BEFORE EVENT DATE.
- For Sanction and PLI Certificates, Please email this page to [treasurer@ajsba.org.au](mailto:treasurer@ajsba.org.au).
- Insurance certificates may take up to five (5) working days to be returned.
- Affiliates MUST ensure that all entrants are members of the AJSBA.
- Please contact the AJSBA with any questions regarding this sanction form.
- All events will be published using the description on this form unless an alternative marketing spiel and images are included.

**THE PERSON COMPLETING AND SIGNING THIS FORM IS RESPONSIBLE FOR THE EVENT RETURN BEING COMPLETED AND RETURNED TO SECRETARY@AJSBA.ORG.AU WITHIN 7 DAYS.**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**ADDITIONAL EVENTS (Duplicate this page as required)**

EVENT CO-ORDINATOR: \_\_\_\_\_ MOB: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_ MOB: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_

EVENT CO-ORDINATOR: \_\_\_\_\_ MOB: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_ MOB: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_

EVENT CO-ORDINATOR: \_\_\_\_\_ MOB: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_ MOB: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_

EVENT CO-ORDINATOR: \_\_\_\_\_ MOB: \_\_\_\_\_

RACE DIRECTOR: \_\_\_\_\_ MOB: \_\_\_\_\_

EVENT NAME: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_ LOCATION OF EVENT: \_\_\_\_\_

EVENT TYPE: \_\_\_\_\_