



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.
- 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: _____

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EVENT CO-ORDINATOR: _____ MOB: _____

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