

RECEIVED STAMP HERE  
(OFFICE USE ONLY)

This form must be used for the application of an event organising permit pursuant to CAMS National Competition Rule (NCR) 64 and must be lodged at least **ONE MONTH PRIOR** to the proposed date of competition, together with a draft of Supplementary Regulations, entry form and related fees.

**Please note this form must be submitted to:** CAMS Permits, PO Box 147, Caulfield East, Victoria, 3145, or emailed to permits@cams.com.au

Please ensure all sections are completed and signed where indicated.

## Organiser Details

**ORGANISER** **ORGANISER'S CAMS ID**

**NAME OF CONTACT**

**ADDRESS**

**SUBURB** **STATE**

**POSTCODE** **EMAIL**

**MOBILE**

**PHONE**

**FAX**

## Event Details - Medical Response/Emergency Services

These medical response details must be forwarded to the essential officials of the event.

**LOCATION** **EVENT DATE**

**EVENT TITLE**

**TYPE OF EVENT**

**EVENT STATUS**      Club                  Multi-Club                  State Championship                  National Championship

**1. THE FOLLOWING PERSON IS RESPONSIBLE FOR ACTIVATION OF THE PLANNED MEDICAL RESPONSE IF REQUIRED:**

**NAME** **POSITION**

**2. IN THE EVENT OF AN ACCIDENT IN WHICH SOMEONE IS INJURED**

The person identified above should:

- assess the extent of the injuries of those injured
- organise appropriate, immediate comfort and assistance to be provided to those injured; and
- take steps to activate further response, eg:
  - the casualty is taken to the local doctor by car;
  - the casualty is taken to the hospital by car;
  - an emergency call to "000" is made;
  - the local hospital is contacted;
  - a local doctor is contacted; and/or
  - an official travels to the nearest telephone to initiate an emergency call.

**3. IMPORTANT INFORMATION**

The nearest hospital with Emergency Services is:

**NAME OF HOSPITAL**

**ADDRESS**

**PHONE**

**EMERGENCY SERVICES TELEPHONE NUMBER** 000

**MOBILE PHONE SERVICE AT THIS VENUE IS ACTIVE**      Yes      No

**THE NEAREST AVAILABLE TELEPHONE TO THIS VENUE IS LOCATED**

## Payment Details

### MOTORKHANA

NATIONAL CHAMPIONSHIP	\$410
STATE CHAMPIONSHIP	\$165
MULTI-CLUB & CLUB	\$110

### KHANACROSS (SEALED TRACK SURFACE)

NATIONAL CHAMPIONSHIP	\$1125
STATE CHAMPIONSHIP	\$450
MULTI-CLUB & CLUB	\$300

### KHANACROSS (UNSEALED TRACK SURFACE)

NATIONAL CHAMPIONSHIP	\$770
STATE CHAMPIONSHIP	\$310
MULTI-CLUB & CLUB	\$205

### OBSERVED SECTION TRIALS

MULTI-CLUB & CLUB	\$110
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### BURNOUT

MULTI-CLUB	\$425
CLUB	\$325

<b>TOTAL</b>	<b>\$</b>
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## Payment

Paying by (please tick appropriate box):

Invoice (Electronic Funds Transfer)

Cheque/Money Order (made payable to 'Confederation of Australian Motor Sport Limited')

Credit Card (please complete details below)

Card Type:

MASTERCARD                      VISA

CARD NUMBER

EXPIRY                                      /

NAME ON CARD

SIGNED

SIGN HERE

## Motor Sport Passenger Ride Activity (MSPRA)

Will a MSPRA be conducted at the Event?                      Yes                      No

If yes, will the Event contain activities other than the MSPRA?                      Yes                      No

I confirm that I have read and understood the CAMS MSPRA Policy <http://www.cams.com.au/get-involved/events/passenger-activity> and that each MSPRA will be conducted in accordance with that Policy.

Note: The Event Organiser must submit a request to CAMS to conduct an Activity at the Event that does not comply with, or which requires separate approval by CAMS, under the CAMS MSPRA Policy.

**Application Statement**

I confirm this event shall be conducted under the provisions of the International Sporting Code of the FIA and the National Competition Rules of CAMS and undertake to comply with any further conditions that CAMS may impose.

I acknowledge that I am responsible for ensuring that all officials of the event (other than CAMS appointed officials) are appropriately accredited under the CAMS National Officiating Program.

I confirm that the CAMS Disclaimer used for this event will be unaltered in wording from that advised on the CAMS website (<http://www.cams.com.au/get-involved/events/disclaimers>), appropriate for the event detailed in this application and that I will ensure that each competitor, driver, passenger, official, navigator, service and pit crew member and official signs the appropriate disclaimer.

I have read and understood the document titled “CAMS Safe Events Package for Motorkhana/Khanacross”, will have a copy available at the event, and will conduct the event in accordance with the risk management concepts described therein.

**NAME**

**POSITION**

**SIGNED**

SIGN HERE

**DATE**

**Permits and Codes**

I	II	III	IV
<p><b>M</b></p> <p>Autotest</p>	<p><b>Status of Event</b></p> <p>2. National Championship</p> <p>5. State Championship</p> <p>6. Multi-Club</p> <p>7. Club</p>	<p><b>Type of Event</b></p> <p>E. Motorkhana</p> <p>F. Khanacross (unsealed surface)</p> <p>G. Khanacross (sealed surface)</p> <p>O. Observed Section Trial</p>	<p><b>Fourth Letter (if applicable)</b></p> <p>S. Sponsors Day</p> <p>T. Training Day</p>
<p><b>R</b></p> <p>Other Competitive Events</p> <p>Drifting, Regularity, Nats Events, etc.</p>	<p><b>Status of Event</b></p> <p>2. National Championship</p> <p>5. State Championship</p> <p>6. Multi-Club</p> <p>7. Club</p>	<p><b>Type of Event</b></p> <p>D. Drifting</p> <p>R. Regularity</p> <p>T. Club Driver Training</p> <p>N. Nats</p> <p>Burnouts</p>	<p><b>Fourth Letter (if applicable)</b></p> <p>P. Permanent Circuit</p> <p>T. Temporary Circuit</p>

**PLEASE RETURN FORM TO:  
CAMS PERMITS P.O BOX 427 CAULFIELD EAST, VIC, 3145**

**OR EMAIL TO:  
PERMITS@CAMSCOM.AU**