

Australian Society of Section Car Operators

*Emerald to Alpha (and return)
Emerald to Clermont (and return)*

4th - 5th August 2018



Expression of Interest Form

Meet Coordinator: Andrew Simpson, Phone: 0481 298 944

EOI Closing Date: 27th JULY 2018

- To take part in this event, you must complete the relevant sections below. Forms will be returned for correction for incomplete sections, and may result in you missing out on the event.
- EOI forms must be strictly received by the closing date nominated. Late applications will not be accepted.
- Your financial, medical, and operating qualifications will be checked upon receipt of your EOI. Some expired qualifications (i.e. medical) may prohibit you from participating. Please contact the Meet Coordinator or Secretary for further information.

Section 1: Member Information

Name: _____

Membership Number: _____

If your details have changed, please fill out the section below (optional):

Address: _____

Suburb: _____ Post Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Section 2: Car Information (optional)

I intend to use the following section car for this event:

Car Model: _____ Fleet Number: _____ Manufacturer: _____

Engine Number: _____

I certify that this section car is compliant with Standard SD-0001 – Mechanical Standard:

Date of last annual inspection: _____

Section 3: Passenger Information (optional)

- I would like _____ to ride as a passenger on my section car.
- I would like to ride as a passenger with _____.
-

Section 4: Payment

Cost: \$80 per day for car owners who bring their car
\$85 per day for passengers

Payment method: Direct Deposit (EFT):
Cheque:
Money Order:

I will be attending on the following days: 4th 5th

Total amount paid: \$ _____

Return EOI form with (Cheque/money order) payment to:

ASSCO
PO Box 333
MOUNT OMMANEY QLD 4074

**POSTAL ADDRESS HAS
CHANGED**

Direct Deposit Details:

Account Name: Australian Society of Section Car Operators, Inc.
Account BSB: 034-001
Account Number: 444418
Reference: Surname AND membership number

NOTE: If paying by direct deposit, payment must be received by the EOI closing date.

Scanned EOI forms (direct deposit payment only) can be emailed to: admin@assco.com.au

Section 5: Emergency Contact Details

In the interest of safety and as a precautionary measure, the Department of Transport and Main Roads request that the details of your emergency contacts be made available to the Meet Coordinator.

Emergency Contact:

Name: _____
Address: _____
Suburb: _____
Post Code: _____
Phone: _____
Mobile: _____

Alternative Emergency Contact:

Name: _____
Address: _____
Suburb: _____
Post Code: _____
Phone: _____
Mobile: _____

Section 6: Event Timetable

Saturday, 4th August 2018 – Emerald to Alpha (and return)

ZW49/ZE50

Location	Arrive	Depart	Comments
Emerald		07:00	
Taraborah		07:37	
Anakie		08:11	
Withersfield		08:42	
Willows		09:02	
Bogantungan	09:42	10:00	Morning tea.
Hannams Gap		10:27	
Drummond		10:41	
Pine Hill		11:09	
Mamboo		11:33	
Alpha	12:02	13:00	Lunch. Turn machines.
Mamboo		13:29	
Pine Hill		13:53	
Drummond		14:21	
Hannams Gap		14:35	
Bogantungan	15:02	15:15	Afternoon tea.
Willows		15:55	
Withersfield		16:15	
Anakie		16:46	
Taraborah		17:20	
Emerald		17:57	

Sunday, 5th August 2018 – Emerald to Clermont (and return)

ZB51/ZE52

Location	Arrive	Depart	Comments
Emerald		08:00	
Capella	09:23	10:00	Morning tea
Clermont	11:16	13:00	Lunch. Turn machines.
Capella	14:16	14:30	
Emerald	15:53		

Section 7: Other Details

On-track location: Emerald Angle.

Section 8: Declaration

I acknowledge that I have read the safety management systems of ASSCO and agree to be bound by them for this event. I have paid to attend this event and also insurance (when required). I understand that restrictions on the maximum number of section cars will apply, and if the maximum accepted number is exceeded, some members may miss out. Applications will be accepted in the order in which they have been received pending the availability of accredited operators. I accept there is a risk any event may not proceed due to events beyond ASSCO's control. I understand that if I have expired qualifications, this may prohibit me from attending the event.

Signature: _____ **Date:** _____ / _____ / **2018**