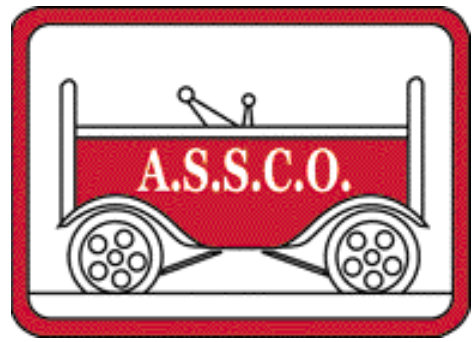


Australian Society of Section Car Operators

**Clayfield - Pinkenba
(Numerous runs)**

1st October 2017



Expression of Interest Form

Meet Coordinator: John Summers, Phone: 0411 334 577

EOI Closing Date: 29th SEPTEMBER 2017

- 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: \$60 per day for car owners who bring their car
\$65 per day for passengers/Operators

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

I will be attending on the following days: 1st

Total amount paid: \$ _____

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

ASSCO
GPO Box 2873
BRISBANE QLD 4001

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

Sunday, 1st October 2017 – Pinkenba to Clayfield (numerous runs)

ZB30/B30J

Location	Arrive	Depart	Comments
Pinkenba Yard		0800	
Doomben	0830	0835	
Clayfield	0855		Turn machines
Clayfield		0910	
Doomben	0930		Allow MB81 in advance. Cross M982 Form ZB32
Doomben		1050	
Clayfield	1105		Turn Machines
Clayfield		1115	
Doomben	1130	1230	Allow MB83 in advance. Cross M984 Lunch
Pinkenba Yard	1250		
Pinkenba Yard		1310	
Doomben	EXP	1330	
Clayfield	1345		Turn Machines
Clayfield		1400	
Doomben	EXP	1415	
Pinkenba Yard	1425		Turn Machines
Pinkenba Yard		1430	
Doomben	EXP	1450	
Clayfield	1505		Turn Machines
Clayfield		1520	
Doomben	EXP	1535	
Pinkenba Yard	1555		Off track. Post trip de-brief

Section 7: Other Details

Lunch at Doomben Station. Due to no facilities nearby, Subway platters will be provided for participants (\$10 each, included with meet fee) at Doomben.

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:** _____ / _____ / **2017**