



Event Organiser's Request Form

(1) Organiser Details

a) Company Name: _____ b) Business Registration Number: _____
c) Company Address: _____
d) Name of Applicant: _____ e) Designation: _____
f) Email address: _____ g) Tel: _____ h) HP: _____

(2) Event Details

**delete where applicable*

a) Event Title: _____
b) Date of Event[^]: _____ c) No. of days: _____
^Please attached schedule for series
d) Alternate Date of Event: _____ e) Time of Event:⁺ _____
+ Please attached event schedule
e) Status of Event:* International/ National/ Club
f) Type of Event:* Series/ Race/ Challenge/ Drag / Gymkhana/ Demonstration /Community event/Others
f)i) Others, please list: _____ g) Competition vehicles: * Karts/ Touring Cars/ Open-Wheelers/ Motorbikes
h) Location of event: _____
i) Address of event venue: _____
j) No. of Marshal Posts[^]: _____
^Please attached track layout plan with location of marshal posts



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(3) Requirement of Officials

a) No. of Race Officials needed for event: _____

b) Types of Race Officials required: Administration / Race Operations / Trackside

Administration (Please tick where required)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Secretary of the Meeting | <input type="checkbox"/> Time Keeper | <input type="checkbox"/> Secretary Runner |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Race Operations (Please tick where required)

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Clerk of the Course | <input type="checkbox"/> Stewards | <input type="checkbox"/> Chief Scrutineer |
| <input type="checkbox"/> Chief Medical Officer | <input type="checkbox"/> Starter | <input type="checkbox"/> |

Trackside Personnels (Please tick where required and fill in the number of official required in (____))

- | | | |
|---|--|---|
| <input type="checkbox"/> Flag Marshal (____) | <input type="checkbox"/> Recovery (____) | <input type="checkbox"/> Pit & Grid (____) |
| <input type="checkbox"/> Observer (____) | <input type="checkbox"/> Fire Marshal (____) | <input type="checkbox"/> Scrutineers (____) |
| <input type="checkbox"/> Track Marshal (____) | <input type="checkbox"/> (____) | <input type="checkbox"/> (____) |

(4) Officials' Welfares and Benefits

Compulsory items: (Please tick items that organiser will be arranging)

- Meals (Refer to Annex- Guideline for details)
- Beverages (Ratio of 5 Mineral waters & 3 isotonic drinks for a full day event)
- Uniform (1 piece per official per day)
- Insurance coverage for Race Officials (**Please attached insurance cover**)
- Earplugs
- Sunblock Lotion

Optional items:

- Family Pass (No. of ticket per official: _____)
- Transport Allowance (SGD\$_____ per official per day)*

(5) Pre-Event Administration:

- Risk Assessment of Event Site / Circuit / Track
- Safety and Security Plan
- Logistics Planning
- Medical Coverage for Competitors & Officials
- Public Licence Applications and etc.
- Others



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(6) Equipment Checklist

Please advise if the following equipments is provided for race officiating and the quantity available.

Flags

- Yellow
- Green
- Red
- Slippery surface (Yellow/Red Striped)
- Blue
- White
- Black
- Bad Sportsmanship (Black & White Diagonal)
- Mechanical Black Flag (Black with Orange Circle)
- Chequered

Boards

- Minute Board
- Number Board
- Safety Car Board *(If applicable)*

Others

- Walkie-Talkie
- Fire Extinguishers (Capacity: _____ Litre, Type available: Foam/Powder/Water/CO2/Chemical)
- Brooms
- Soakers
- Airhorn
- Ponchos for officials (2 per official per day)
- Marshals' Vest (1 per official per day)
- Ice Box & Ice
- Trash Bags
- Rest Area for Marshal during meal break
- Umbrella/Shaded Point for Marshal in Marshal Zone
- Restroom



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(7) Organisers' Declaration:

As Event Organisers, we have completed the request form as accurate to the best of our knowledge

Signature of Applicant: _____ Date: _____

Identification No.: _____ Company Stamp: _____

For Official Use:

1. Request is Accepted Rejected KIV

2. If Rejected or KIV, (please state reasons):

Approved By :

Name: _____ Designation: _____

Signature: _____ Date & Stamp: _____