



2010 OFFICIAL AUSTRALIAN SUPERBIKE CHAMPIONSHIPS OFFICIALS REGISTRATION FORM Round 2, Hidden Valley DARWIN 8-11 April 2010



PLEASE PRINT IN CAPITALS – ORIGINAL MUST BE EITHER POSTED OR HANDED IN AT OFFICE

First Name: _____ Surname: _____

Address: _____ City: _____

State : _____ Postcode: _____ EMAIL : _____

Phone: _____ Mobile: _____ DOB: ____ / ____ / ____ Must be over 16

DO YOU HOLD A CURRENT OFFICIALS LICENCE ISSUED BY: MA CAMS

LICENCE Number: _____ LEVEL / GRADE: _____ Expiry Date: ____ / ____ / ____

In the last 5 years what experience have you gained: Please list the Venue, Event, Year & Roll.

EMERGENCY CONTACT DETAILSU: NAME : _____ Relationship : _____

ADDRESS: _____ CITY: _____ STATE: _____ P/CODE: _____

PHONE: _____ MOBILE: _____

Please indicate if you have any physical injuries, medical conditions or allergies that we may need to know about if you are involved in an incident throughout the event (this information will be kept strictly confidential): _____

Have you been injured at an event in the last 2 years? Yes No Please state injury: _____

The information you provide will only be used by International Entertainment Group Pty Ltd. It will not be supplied to any other organization nor used for marketing purposes.

• Please tick the days that you can assist:

Please indicate your preferred position - there are limited numbers for each position. If your selected position becomes filled you may be asked to help in other areas.

EVENT ASBK Round 2, Hidden Valley DARWIN 8-11 April 2010

Date : 8 – 11 April 2010 Thursday Friday Saturday Sunday

Please indicate your preferred shirt size shirts size: S M L XL XXL XXXL

Please indicate your preferred position - there are limited numbers for each position. If your selected position becomes filled you may be asked to help in other areas.

Please indicate if you have any recent officiating experience: _____

Flag/Track Marshal Pit Lane Grid Marshal

Scrutineering (machine examiner/scribe/gear checks)

Paddock Marshal Office/Accreditation

Other please state: _____

By returning this form you knowledge that you will be attending this event on the above selected days, and if then you are unable to attend will advise us.

PLEASE RETURN REGISTRATION FORM BY EITHER:

either email: sarah@asbk.com.au OR

or email: ben@asbk.com.au

PLEASE RETURN BY : 23rd March 2010

post to: Factory 2/87 Brunel Rd. Seaford VIC 3198

