

**AUSTRALIAN SOCIETY OF  
SECTION CAR OPERATORS INC.**

***Roma Charleville***

**Saturday 6<sup>th</sup> November 7<sup>th</sup> November 2010**

**Meet Coordinator for this meet is Jerry Jirasek**

**All enquiries Ph 0407 034 720**



**Closing date for this application is 29<sup>th</sup> October 2010.**

***To take part in this meet, you must complete EVERY line below otherwise your form will be returned to you to for correction. This may result in you missing out on this meet!***

My Name is.....

My Address is .....

My Email Address is \_\_\_\_\_

I am a Financial Member of ASSCO *YES / NO*

I have completed an ASSCO induction *YES / NO*

My Category ..... Medical Certificate expires on ...../...../20.....

I have a current Road Traffic Control qualification *YES / NO*

I have a current Senior First Aid Certificate *YES / NO*

**I intend to use the following section car for this event which is compliant with the ASSCO “Motor Section Car Standards SD-0001”. NB: If your car is not accredited to participate in an ASSCO event, you must advise us no later than 4 weeks prior to the meet**

**Car Model:..... Fleet Number:.....Manufacturer:.....**

**Engine Number:.....Date of last Annual Inspection:.....**

I will be participating on the following days – *Saturday.....Sunday.....*

I would like ..... to ride as passenger on my car. (*optional*)

I would like to ride as passenger with ..... (*optional*)

I have attached a *Cheque\* / Money Order\** for the amount of \$.....

**Cost: \$40.00 per day.** (the final fee may need to be adjusted should there be insufficient members participating)

**Return with payment to:** ASSCO Inc.  
GPO Box 2873  
Brisbane QLD 4001

# ASSCO ROMA CHARLEVILLE EVENT

**SATURDAY 6<sup>TH</sup> NOVEMBER 2010**

Meet at Roma 0630  
**ZS80 (S80J)** **Arrive**  
 Roma  
 Mitchell 1030  
 Morven 1400  
 Charleville 1700

**ROMA TO CHARLEVILLE**

Pre Trip Briefing & Prep  
**Depart**  
 0730  
 1100  
 1430  
 Post Trip Debriefing

**SUNDAY 7<sup>TH</sup> NOVEMBER 2010**

Meet at Charleville 0700  
**ZR81 (R81J)** **Arrive**  
 Charleville  
 Morven 1000  
 Mitchell 1300  
 Roma 1630

**CHARLEVILLE TO ROMA**

Pre Trip Briefing & Prep  
**Depart**  
 0730  
 1030  
 1330  
 Post Trip Debriefing

## **Further information**

In the interest of safety and as a precautionary measure, Queensland Transport have requested that details of Next Of Kin be made available to ASSCO's Meet Coordinator and respective personal, of each participating member on the excursion. Your cooperation is sought in this regards.

*Please complete the details of your Next Of Kin hereunder.*

**Contact -**

Name: .....  
 Address: .....  
 Telephone No: .....  
 Mobile No.: .....

**Alternate Contact -**

Name: .....  
 Address: .....  
 Telephone No. ....  
 Mobile No: .....

I acknowledge that I have read the safety management systems of ASSCO and agree to be bound by them for this event and have attached the fee for the event and also insurance where not previously paid. Note restrictions on maximum number of section cars will apply. If the maximum accepted number is exceeded, some cars may miss out. Applications will be accepted in the order in which they have been received pending the availability of accredited operators. There is always a risk any event may not proceed due to events beyond ASSCO's control.

**Participant's Signature:**

.....**Date:**     /     / 2010

<b>ADMIN USE ONLY</b>	
Date Received:	/ / 2010
Receipt No:	