

Volunteer Application Form – ITM Hamilton 400

20 – 22 April 2012

PERSONAL DETAILS – PRINT CLEARLY USING BLACK or BLUE PEN

POSITION APPLIED FOR, please circle: Post Chief/Flag Marshal/Emergency Escape Hatch/other: _____

Full Name: _____ I confirm I am over the age of 14yrs

Postal Address: _____

_____ Post Code: _____

Contact Number (After Hours): _____

Mobile: _____ Email: _____

Medical Conditions: _____

Briefing/Pack Collection Location, please circle: Auckland Hamilton Taupo Palmerston North

EMERGENCY CONTACT INFORMATION

Name: _____ Contact Number: _____

Relationship to you: _____

MOTORSPORT EXPERIENCE

MSNZ/CAMS Race Specialist Register Number (if applicable): _____

Officials Licence Categories & Grade: _____

Overall's (clothing) Size (please circle):	7	8	9	10	11	12	13	14
<i>approx to fit waist (cm)</i>	97	102	107	112	117	122	127	132
<i>approx to fit chest(cm)</i>	107	112	117	122	127	132	137	142
<i>approx trouser inner leg (cm)</i>	83	84	85	86	87	88	88	88

Shirt (clothing) Size (please circle): Small Medium Large X Large 2XLarge 3XLarge

Please list previous RELEVANT Motorsport involvement (particularly circuit racing experience):

Any other relevant experience or qualifications (eg. Fire fighting training):

STATEMENT – please read

I volunteer my services as a sporting official at the ITM Hamilton 400 and will be available for the entire three (3) days of the event. I do not suffer from any physical limitations which would prevent me from carrying out any normal duties expected of such a role. I am willing to submit myself to the controls and restrictions applied to all officials at the event and confirm that all statements and information I have given is correct and no attempt has been made to conceal or withhold pertinent information. I agree that if any false or deliberately misleading information has been given I may not be accepted as an official and to this end I give GeeJay Management Ltd & GR8 Limited permission to confirm any relevant information pertinent to this application. My Signature below confirms I have read and understood the above statement.

Signature of applicant: _____ Date: _____

Please complete all details and return ASAP to:

Gary Lathrope
Secretary of the Meeting
P O Box 89-139, Torbay, Auckland 0742, New Zealand
Mob: +64 274 522 991
Fax: +64 9 473 3192
Email: gary@gr8events.co.nz

