

# OFFICIALS AND VOLUNTEERS REGISTRATION FORM

2-4 OCTOBER 2009



**LOBETHAL**  
**GRAND CARNIVAL**  
**2-4 OCTOBER 2009**  
www.lobethalgrandcarnival.com.au

<b>SURNAME</b> (MR / MRS / MS / MISS)		<b>FIRST NAME</b>	
<b>ADDRESS</b>		<b>SUBURB</b>	<b>P/CODE</b>
<b>PHONE - HOME</b>		<b>PHONE - WORK</b>	
<b>FAX - HOME</b>		<b>FAX - WORK</b>	
<b>MOBILE</b>		<b>EMAIL</b>	
<b>DATE OF BIRTH</b>	<b>OCCUPATION</b>	<b>T-SHIRT SIZE (PLEASE TICK)</b> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/>	
<b>EMERGENCY CONTACT PERSON</b> (MUST BE COMPLETED)	<b>NAME:</b>	<b>PHONE - HOME</b>	
	<b>RELATIONSHIP:</b>	<b>PHONE - WORK</b>	
		<b>PHONE - MOBILE</b>	
<b>CAMS LICENSE NUMBER</b>	<b>EXPIRY DATE</b>	<b>CAM GRADES</b>	
<b>MA LICENSE NUMBER</b>	<b>EXPIRY DATE</b>	<b>MA LEVELS</b>	
<b>MEMBER OF A CAR/BIKE CLUB?</b>	<b>CLUB NAME</b>	<b>DO YOU HAVE YOUR OWN TRANSPORT? YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
<b>DO YOU HAVE SAPOL TRAFFIC MARSHAL ACCREDITATION OR TSA TRAFFIC MARSHAL ACCREDITATION? YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>PREVIOUS EXPERIENCE WITH MOTORSPORT EVENTS</b> (PLEASE LIST)			
<b>OTHER EVENT EXPERIENCE</b> (PLEASE LIST)			
<b>PLEASE INDICATE PREFERRED POSITIONS / ROLES (YOU MAY TICK MULTIPLE BOXES IF YOU WISH)</b>			
SECTOR COMMANDER <input type="checkbox"/> / TRACK MARSHAL <input type="checkbox"/> / PIT MARSHAL <input type="checkbox"/> / PARKING MARSHAL <input type="checkbox"/> / SPECTATOR MARSHAL <input type="checkbox"/> / ROAD CLOSURES <input type="checkbox"/>			
PRE EVENT ADMINISTRATION <input type="checkbox"/> / EVENT DOCUMENTATION / SIGN IN <input type="checkbox"/> / POST EVENT ADMINISTRATION <input type="checkbox"/> / PRE EVENT SIGN INSTALLATION <input type="checkbox"/>			
EVENT SIGN INSTALLATION / REMOVAL (DURING EVENT) <input type="checkbox"/> / POST EVENT SIGN REMOVAL <input type="checkbox"/> / PRE EVENT SET UP BARRIERS etc <input type="checkbox"/>			
POST EVENT PULL DOWN, eg. BARRIERS etc <input type="checkbox"/> / POST EVENT CLEAN UP <input type="checkbox"/> / HOSPITALITY <input type="checkbox"/> / MERCHANDISE SALES <input type="checkbox"/>			
ADMINISTRATION OF EVENT SURVEYS TO ATTENDEES <input type="checkbox"/>			
<b>DO YOU HAVE PREFERRED CO-WORKERS</b> PEOPLE YOU PREFER TO WORK WITH - PLEASE LIST			
<b>DATES AVAILABLE:</b>			
PRE EVENT <input type="checkbox"/> FRI 2 OCT <input type="checkbox"/> (BUMP-IN)    SAT 3 OCT <input type="checkbox"/> (EVENT)    SUN 4 OCT <input type="checkbox"/> (EVENT)    POST EVENT <input type="checkbox"/>			
<b>CONFIDENTIAL:</b> MEDICAL CONDITIONS / ALLERGIES / DETAILS			
<b>I GIVE MY PERMISSION TO PROVIDE MY CONTACT DETAILS TO OTHER EVENT ORGANISERS: YES <input type="checkbox"/> NO <input type="checkbox"/></b>			
<b>PRIVACY STATEMENT</b>			
All CONFIDENTIAL and MEDICAL information supplied on this form will be entered into a database for the purposes of managing the Lobethal Grand Carnival and will only be disclosed to third parties in the event of the need / perceived need for intervention or assistance.			
<b>SIGNED:</b>		<b>DATE:</b>	
<b>UNDER 18: YES <input type="checkbox"/> NO <input type="checkbox"/></b> (If Under 18 a Parent/Guardian Declaration must be signed. Please download from the website AND attach to this form.)		<b>PO BOX 2482</b> <b>KENT TOWN</b> <b>SA 5071</b>	<b>FAX: (08) 8556 2560</b>  <b>E: info@lobethalgrandcarnival.com.au</b>