



Please fill out this worksheet completely, sign and return it, along with a copy of your event schedule, not less than thirty (30) days prior to your event. All fields are required. If you have any questions, please call 541-333-2452 for assistance. PLEASE NOTE - Failure to fully complete and return the worksheet, along with a copy of your event schedule, could adversely affect availability of services, confirmation, and/or scheduling of your event.

When completed please return to: Oregon Raceway Park
PO Box 98,
Grass Valley, OR 97029
541-333-2452 Track Office
info@oregonraceway.com

Customer name (club, group and/or sanctioning body): _____

Name of event: _____

Date of event: _____ Day(s): _____

Key contact person: _____ Telephone # _____

Fax # _____ Email address: _____

TYPE OF EVENT: _____

(Auto, Motorcycle, or Kart - School, Race, Club Open Track, Testing/ Tuning, Time Trials, Practice, Film/Production, or Other: Please describe)

ESTIMATED ATTENDANCE PER EVENT DAY:

Day 1: _____ Day 2 _____ Day 3 _____

ESTIMATED PARTICIPANTS ON COURSE PER EVENT DAY:

Day 1: _____ Day 2 _____ Day 3 _____

PLEASE SPECIFY THE COURSE CONFIGURATION TO BE USED

Day(s) _____ Clockwise ____
Day(s) _____ Counterclockwise ____

INSURANCE (Required): Customer Provided _____ Certificate received _____
If under track insurance (K&K Provided) First Day \$ _____ Additional Day(s) _____
@\$ _____ per day = \$ _____ \$ _____

EVENT SCHEDULE:

Please include a copy of your event schedule with this worksheet.



EVENT HOURS:

No race engines may be started before 7:30 AM or after 6:00 PM Most services assume an 8 hour day including a 1 hour lunch break (9 to 12 -1 to 5). Extended hours may result in additional fees. **See Rate Sheet**

Date _____ Day _____ Arrive _____ Leave _____
 Date _____ Day _____ Arrive _____ Leave _____

TRACK FEE, 8 HOURS: (see ORP Rate Card)

Day _____ Hrs _____ On Track _____ Off Track _____ \$ _____
 Day _____ Hrs _____ On Track _____ Off Track _____ \$ _____
 Day _____ Hrs _____ On Track _____ Off Track _____ \$ _____

EXTENDED TRACK FEE, OVER 8 HOURS: (See ORP Rate Card)

Day _____ Hrs _____ X Fee \$300 = \$ _____
 Day _____ Hrs _____ X Fee \$300 = \$ _____
 Day _____ Hrs _____ X Fee \$300 = \$ _____

24 HOUR SECURITY: One included with Track Fee: (Day prior 6:00pm – 6:00pm day of event). Hourly rates available as an alternative to 24 hour security. Please inquire for details.

AMBULANCE- Paramedic/EMT Ambulance Unit

South Sherman Fire & Rescue: (See Rate Card)

Days _____ Qty _____ Arrive _____ Leave _____ Fee (\$/Day) _____ \$ _____

SANITARY SERVICES: (\$55 a Unit/Day) (in addition to 4 portable toilets provided):

Day(s) _____ Qty: _____ Fee (\$/ Unit /Day) _____ \$ _____

COMMUNICATIONS: (\$14.00 Unit/Day)

Communication radio equipment needed: Y _____ N _____

Day(s) _____ Qty: _____ Fee (\$/ Unit /Day) _____ \$ _____

RACE CIRCUIT STAFFING (includes radios and lunch for 8 hours)

Chief of Flags: Day(s) _____ x Qty _____ x Fee \$135 = \$ _____
 Course Workers: Day(s) _____ x Qty _____ x Fee \$120 = \$ _____
 Extended Workers Hours: Day(s) _____ x Qty _____ x Fee \$15 = \$ _____

GARAGE UNIT RENTAL (call for availability)

Daily Rental: Date _____ Qty _____ x Fee \$100 = \$ _____
 Three Day Rental: Date(s) _____ Qty _____ x Fee \$250 = \$ _____
 Weekly Rental: Date(s) _____ Qty _____ x Fee \$500 = \$ _____

ORP MEALS

Breakfast: \$12.50, Lunch: \$12.50, Dinner: \$22.50 \$ _____



Is camping requested? [] Yes [] No
Is event, a fee based event for spectators? [] Yes [] No
Are you inviting vendors? [] Yes [] No
Does your event require Towing Service? [] Yes [] No

Estimated Total \$ _____
Track Deposit Fee (10% Track Fee) \$ _____
Estimated Balance Due \$ _____

Additional fees for replacement/replenishment items:

Fire bottle recharge \$35.00 each Radios: \$500.00 each
Replacement flags: \$30.00 each Grease sweep: \$12.00 per bag
Cones @ \$12.00~\$20.00 each Brake Markers: \$95.00 each

OTHER AMENITIES

Many other services and amenities are offered in the local area. We can provide contact information regarding, restaurants, accommodations, or other services. Please make your needs known and we will make every effort to help you meet them.

The information requested on this form helps us in preparing for your event. The more detail and the sooner you can provide it, the better we will be able to support your event with the highest quality product available. Please, do not assume we know your specific needs. Verbal inputs, although perhaps helpful, cannot be binding. Please submit you requests in writing and return this worksheet no later than thirty (30) days before your event.

Thank you.

Customer name (club, group and/or sanctioning body): _____

Printed name of authorized representative from Customer: _____

Signature: _____ Date: _____

Do not write below this line. ORP official use only		
Received Date: _____	Reviewed by: _____	for Oregon Raceway Park