



**Please fill out this worksheet completely, sign and return it along with any/all applicable outline plans and 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 all items timely may 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](mailto: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**

**(There is a \$100 fee to change track direction during the course of an event.)**

Day(s) \_\_\_\_\_ Clockwise [  ]

Day(s) \_\_\_\_\_ Counterclockwise [  ]

**INSURANCE (Required):** Customer Provided [  ] Certificate received [  ]

If under track insurance: (K&K Provided) First Day (See ORP Rate Card) \$ \_\_\_\_\_

Additional Day(s) \_\_\_\_\_ @\$ \_\_\_\_\_ per day = \$ \_\_\_\_\_

**EVENT SCHEDULE:**

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



**EVENT HOURS:**

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 **ORP Rate Card**)

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.

**Driver’s/Rider’s Meeting:** If requested, and in order to assure the communication of safety measures and procedures at no additional cost, Oregon Raceway Park will provide assistance with, or conduct your Driver’s/Riders meeting. Otherwise, you will be responsible for this function.

- Yes, I accept. Please provide me with details.
- No, thank you, I plan to conduct my own Driver’s/Rider’s meeting. Outline plan enclosed.

**Novice Orientation and Track Tour:** Oregon Raceway Park offers, at no additional cost, a Novice Orientation and Track Tour designed to benefit those driving ORP for the first time, and any others who might just like a refresher. It provides an “On Track” preview of the course in the direction of the day and safety tips that apply. Please indicate your preference.

- Yes, I accept. Please provide me with details.
- No, thank you, I plan to provide my own Novice orientation, Outline plan enclosed.

**AMBULANCE- Paramedic/EMT Ambulance Unit**

South Sherman Fire & Rescue: (See **Rate Card**)

Days \_\_\_\_\_ Qty \_\_\_\_\_ Arrive \_\_\_\_\_ Leave \_\_\_\_\_ Fee (\$/Day) \_\_\_\_\_ \$ \_\_\_\_\_  
 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 \$150 = \$ \_\_\_\_\_  
 Course Workers: Day(s) \_\_\_\_\_ x Qty \_\_\_\_\_ x Fee \$135 = \$ \_\_\_\_\_  
 Extended Workers Hours: Hrs. \_\_\_\_\_ x Qty \_\_\_\_\_ x Fee \$20 = \$ \_\_\_\_\_

**GARAGE UNIT RENTAL** (call for availability)

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

**ORP Meals:**

Breakfast: Date(s) \_\_\_\_\_ Qty \_\_\_\_\_ x Fee \$12.50 = \$ \_\_\_\_\_  
 Lunch: Date(s) \_\_\_\_\_ Qty \_\_\_\_\_ x Fee \$12.50 = \$ \_\_\_\_\_  
 Dinner: Date(s) \_\_\_\_\_ Qty \_\_\_\_\_ x Fee \$25.00 = \$ \_\_\_\_\_

**Maintenance Fee** (\$5 per signature, per day)

Yes, I will cover the Maintenance Fee on final invoice.  
 No, Please collect Maintenance Fee at main gate. I will inform all guests prior to each event.

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 (25% Track Fee)** \$ \_\_\_\_\_  
**Estimated Balance Due** \$ \_\_\_\_\_

**Additional fees for replacement/replenishment items:**

Fire bottle recharge: Invoice at cost of recharge  
 Replacement flags: \$30.00 each  
 Cones @ \$25.00~\$35.00 each  
 Radios: \$500.00 each  
 Grease sweep: \$12.00 per bag  
 Brake Markers: \$95.00 each



## 2019 EVENT WORKSHEET

### OTHER AMENITIES

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