



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

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 []

Hot Pit Set Up & Disassembly (Repositioning of Barriers) Fee \$40.00 per Barrier \$ _____

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 WITH 1 HOUR LUNCH: (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 = \$ _____

SECURITY: One guard included with Track Fee: (7:00am – 6:00pm day of event).

24 Hours (6:00pm day prior – 6:00pm day of)

Days _____ X Fee \$250 = \$ _____

Additional Hourly Rates (Before 7:00am or After 6:00pm)

Day _____ Hrs _____ X Fee \$30 = \$ _____
 Day _____ Hrs _____ X Fee \$30 = \$ _____

Drivers/Riders 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 Drivers/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 (See Rate Card)

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



SANITARY SERVICES: (\$60 a Unit/Day) (in addition to 4 portable toilets provided):

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

COMMUNICATIONS: (\$15.00 Unit/Day)

Communication radio equipment needed: Y [] N []

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

RACE CIRCUIT STAFFING (includes radios, flags 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 RACE CIRCUIT STAFFING, OVER 8 HOURS

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 \$27.50 = \$ _____

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 in advance.**

Additional Fees for Replacement/Replenishment Items Below:

[] Yes, I will cover Additional Fees on final invoice. I will inform all guests in advance.

[] No, Please collect Additional Fees directly from offender. I will inform all guests in advance.

Brake Markers: \$95.00 each

Damaged Cones: Sm \$25.00 ~ Lrg. \$35.00 each

Scuffed Cones: \$10 cleaning charge per cone

Fire Bottle Recharge/Replacement: At invoice cost of recharge/replacement

Grease Sweep: \$12.00 per bag

Radios: \$250.00 each



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% of Track Fee, Non Refundable) \$ _____
Estimated Balance Due \$ _____

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