



WORLD OF MOTORSPORT ZA

SAPS NOTIFICATION

TO BE SUBMITTED WITH SUPPLEMENTARY REGULATIONS. N.B. NO PERMIT WILL BE ISSUED UNLESS COMPLETED AND STAMPED BY YOUR

LOCAL POLICE STATION

	Submitted (v)	
RISK CATEGORISATION ASSESSMENT LEVEL	LOW	MEDIUM
PUBLIC LIABILITY INSURANCE LETTER		The following documents received by:
SAFETY/DISASTER PLAN (As per Safety at Sports and Recreational Events Act 2 of 2010)		
SIGNED PERMISSION/AGREEMENT WITH LAND OWNER (where applicable)		
CIRCUIT/VENUE SAFETY CERTIFICATE OR APPROVAL (where applicable)		
(signature)		
		STATION COMMANDER

Name & Contact number of Organiser:			
Signature:			
Date:			
Name of Event:		Date:	
Venue:		Status:	
Category:	Enduro		
Circuit/Track length (one lap):		If loops, distance of each loop:	
Number of Road Crossings:	None		
Number of Marshals deployed at Road Crossings:			
Estimated no. of Entries:		Estimated no. of Spectators:	
Start Time:		Duration of event:	
Secretary:		Safety Officer / CofC:	
Jury President:		Clerk of the Course:	
Environmental Officer:		Medical Service Provider:	
Chief Marshal:	Laird Adam	No. of Marshals:	
Name of closest hospital	Life Fourways	Distance from circuit/track	
Name of local police station		Distance from circuit/track	

SIGNED BY: _____ LOCAL POLICE STATION NOTIFIED

NAME _____ DATE _____ STAMP _____