



2010 EVENT WORKSHEET

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 386, Beaverton, OR 97075.
971-322-8344 Main
541-333-2452 Track
503-292-8519 Fax
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.



2010 EVENT WORKSHEET

EXTENDED GATE HOURS: (Park opens at 7:00am and closes at 6:00pm)

Date _____ Day _____ Gate Opens _____ Gate Closes _____
 Date _____ Day _____ Gate Opens _____ Gate Closes _____
 Date _____ Day _____ Gate Opens _____ Gate Closes _____

EVENT HOURS: (On track/off track window)

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.

Date _____ Day _____ On Track _____ Off Track _____
 Date _____ Day _____ On Track _____ Off Track _____
 Date _____ Day _____ On Track _____ Off Track _____

TRACK FEE: (see ORP Rate Card)

Day _____ Hrs _____ Arrive _____ Leave _____ \$ _____
 Day _____ Hrs _____ Arrive _____ Leave _____ \$ _____
 Day _____ Hrs _____ Arrive _____ Leave _____ \$ _____

SECURITY: One included with Track Fee: Additional security guard(s)

\$20/Hour per guard - Overtime \$30/Hr per guard

A main entry gate guard is required when the gate is open, including overnight

Day(s) _____ Hrs _____ Fee(\$/Hr/Day) _____ \$ _____

AMBULANCE* Paramedic/EMT ambulance unit

If ORP provided **\$850/Day per ambulance**

Customer Provided _____ ORP provided _____

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

SANITARY SERVICES: (\$50 a Unit/Day) (in addition to 6 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) _____ \$ _____

EVENT STAFFING (includes radios): \$100/person/day

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

Cleaning Deposit (refundable)

\$500

Estimated Total

\$

Track Deposit Fee (10% Track Fee Non refundable)

\$

Cleaning Deposit (refundable)

<\$500.00>



2010 EVENT WORKSHEET

Estimated Net at end of Event \$ ____

Is camping requested? - Y____ N____

Do you need food service? Y____ N____

Is event a fee based event for spectators? Y____ N____

Are you inviting vendors? Y____ N____

Does your event require Towing Service? Y____ N____

Additional fees for replacement/replenishment items:

Fire bottle recharge \$35.00 each

Radios: \$500.00 each

Replacement flags: \$30.00 each

Grease sweep: \$9.00 a bag

Cones @ \$12.00~\$20.00 each

Brake Markers: \$90.00 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 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