



**DRIVER AND CREW - TRACING REGISTER**

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Office Use Only

Driver Name	Race Number
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All driver/crew names and details must be filled out below by the entrant and returned by close of business (Wednesday before the event day) to [admin@willowbankraceway.com.au](mailto:admin@willowbankraceway.com.au)

Only persons named below are permitted to enter the Willowbank Raceway facility and must follow all the regulations, terms and conditions set out in the COVID-19 safety plan

EVENT DATE (OFFICE USE)	TIME IN (OFFICE USE)	TIME OUT (OFFICE USE)	FULL NAME	PHONE NUMBER	EMAIL ADDRESS	POSTCODE	ROLE (DRIVER/CREW)	FREE PASS NUMBER or TYPE  (eg Child, Life Special Pass	IN THE PREVIOUS 14 DAYS, HAVE YOU HAD ANY COVID-19 SYMPTOMS? BEEN IN CONTACT WITH ANY CONFIRMED/SUSPECTED COVID- 19 CASE? TRAVELLED INTERNATIONALLY or TO A COVID declared hotspot?	DOWNLOADED AND USING COVIDSafe APP? Yes or No

I (the driver) declare that I/we have read, understood and agree to the regulations issued for the event. I am aware that I, as the entrant/driver, am fully responsible for myself and all my crew members listed above and any breach of the rules and regulations I render myself liable to any action and/or penalty taken by Willowbank Raceway Incorporated as a result.

Signed: \_\_\_\_\_

Date:     /     /