



SPECTATOR, DRIVER AND CREW - TRACING REGISTER

Event Name: _____

Event Date: _____

Office Use Only

Driver/Spectator SURNAME	Race Number
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All attending spectators, drivers and crew names and details must be filled out below by the spectator or entrant and returned by close of business (Wednesday before the event day) to admin@willowbankraceway.com.au
 Only persons named below are permitted to enter the Willowbank Raceway facility and must follow all regulations, terms and conditions set out in the COVID-19 safety plan.

EVENT DATE <small>(OFFICE USE)</small>	TIME IN <small>(OFFICE USE)</small>	TIME OUT <small>(OFFICE USE)</small>	FULL NAME	PHONE NUMBER	EMAIL ADDRESS	POSTCODE	ROLE <small>DRIVER CREW SPECTATOR CHILD</small>	FREE PASS NUMBER or TYPE <small>eg Life Pass Special Pass Number</small>	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/spectator) declare that I/we have read, understood and agree to the regulations issued for the event. I am aware that I, as the driver/spectator, am fully responsible for myself and all 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: / /