



2020 / 2021 TASMANIAN STATE TITLE SSA SUPER SEDANS NOMINATION FORM

Date of Meeting:	Friday 29 th & Saturday 30 th January 2021										
Nominations Close:	20 th January 2021										
Venue:	Gulf Western & Independent Oils Raceway Latrobe, Tasmania										
Rain out Date:	To be Advised										
COVID Declaration:	Each Driver is required to nominate their crew and they are all required to complete a COVID declaration. (Form attached to this document) must be completed by all Crews and Drivers. This is a mandatory requirement.										
Nomination Fee:	\$50 – Must Accompany Entry Form (Non-Refundable) \$300 – Late Nomination Fee (Non-Refundable)										
Scrutineering Times:	3pm – 5pm Both Days.										
Driver Briefing:	5pm Both Days.										
Trophies & Sashes:	The top three (3) places will receive trophies. The top five (5) places will receive sashes.										
Rules:	All racing will be conducted under Speedway Australia racing rules and regulations, including point scores and any supplementary regulations										
Transponders & One ways:	Are Compulsory										
Heats:	Grid positions – Draws to be conducted by SST Representative. 3 x 10 Lap heats per car. (Max 12 cars per heat)										
B-Main	If more than 25 Entries Laps equal to number of starters (Min 8 – Max 16) 17–34 points scorers after heats May be Canceled by Speedway Sedans Tasmania Representative										
A-Main	40 Laps ** Subject to time restrictions ** Top 16 points scoring cars after heats plus 4 from B-Main if applicable.										
Prize Money	Prize pool to be paid out to 10 th place The calculation for payouts from prize pool shall be as follows <table><tr><td>1st – 30%</td><td>2nd – 17%</td><td>3rd – 11%</td><td>4th – 9%</td><td>5th – 8%</td></tr><tr><td>6th – 7%</td><td>7th – 6%</td><td>8th – 5%</td><td>9th – 4%</td><td>10th – 3%</td></tr></table> Payments are to be rounded to nearest \$5	1 st – 30%	2 nd – 17%	3 rd – 11%	4 th – 9%	5 th – 8%	6 th – 7%	7 th – 6%	8 th – 5%	9 th – 4%	10 th – 3%
1 st – 30%	2 nd – 17%	3 rd – 11%	4 th – 9%	5 th – 8%							
6 th – 7%	7 th – 6%	8 th – 5%	9 th – 4%	10 th – 3%							

One Way Communicators are compulsory. All Speedway Australia Licence, Logbook details MUST be entered on your Nomination Form AND produced at Scrutineering.



SPEEDWAY SEDANS TASMANIA

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ENTRANTS NAME: _____

DRIVERS NAME: _____

ADDRESS: _____

CARS MAKE: _____ CAR NUMBER: _____

TRANSPONDER NUMBER: _____ HOME: _____

MOBILE: _____ EMAIL: _____

LOGBOOK NO: _____ SA LICENCE NO: _____

DECLARATION

I _____ hereby agree to abide by decisions made by the Scrutineers and Officials when my car is scrutineered to S.S.A Inc Specifications. All competition will be conducted as per the Australian Speedway Racing Rules & Regulations book 2019

CAR OWNER SIGNATURE: _____

DRIVER SIGNATURE: _____

STATE SECRETARY SIGNATURE: _____

ACCEPTED METHOD OF PAYMENTS:

CASH: Payment to and receipt issued by SST Treasurer upon receipt of nomination and fee.

Cheque: (Bank Cheque or money order acceptable) Must be made payable to Speedway Sedans Tasmania.

Direct Deposit: BSB: 633-000
Account: 1413 52716
Account Name: Speedway Sedans Tasmania
Please use Car Number and Surname as a reference.

Nomination Forms and payment for Tasmanian Entrants can be submitted to your Club Secretary but must be received by the State Secretary no later than Closing Date nominations.

Entries can also be sent direct to

Mail: Speedway Sedans Tasmania, P.O. Box 26, Turners Beach. Tas 7315

Email: speedwaysedanstas@outlook.com (Receipt of bank transfer must be with nomination)

Speedway Sedans Tasmania in conjunction with the promoting body reserves the right to accept or reject any nomination



COVID-19 – Health Questionnaire Drivers & Crew

Name: _____

Driver Crew

Date: ____ / ____ / ____

Time of Completed: ____: ____

Contact number: _____

Email Address: _____

Are you currently required to be in isolation because you have been diagnosed with coronavirus (COVID-19)?
YES or NO

OR

Have you been directed to a period of 14-day quarantine by the Department of Health and Human Services as a result of being a close contact of someone with coronavirus (COVID-19) or been to a Medium or High-risk area? YES or NO

Are you experiencing these symptoms? (Tick any or all boxes as applicable)

- Fever or signs of fever, such as chills or night sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of taste or sense of smell

If you answered **YES** to either of the above questions **you are not PERMITTED to be** attending this venue today.

If you answered **YES** to any of the above questions **you are not PERMITTED to enter** this workplace and will need to leave this workplace **AFTER** you immediately advise your Division Rep. You will then need to arrange to get tested for COVID-19, stay home as directed and advise your Division Rep of the outcome of your test as soon as possible.

If you answered NO to all the above questions, you can enter this workplace.