



P.O. BOX 5773 SALEM, OREGON 97304

Insurance Application			
Club/Team Name			
Contact Name			Is the contact the owner of the race?
Phone (Day)	(Evening)	(Mobile/Fax)	
Street Address			
City		State	ZIP
Name of event		Type of event	
Event date(s)		Number of days	
Number of participants at last years event	Maximum number possible	Number of volunteers that will be present	Number of spectators that will be present

Please fill out additional insured spreadsheet

located at <http://industry.obra.org/promoters>

Describe arrangements for medical/first aid. Contact Mike.Murray@obra.org to request OBRA first aid.

Signed _____ **Date** _____

Mail this completed application with the following:

1. Event announcement/flyer
2. Letter of agreement
3. Traffic Plan/Map
4. Processing fee (subtract \$5 if paid via check or cash)
 - \$35.00 if 45 days in advance + \$5 per additional insured
 - \$55.00 if 15-44 days in advance + \$5 per additional insured
 - \$105.00 if 14 days or less + \$5 per additional insured
5. Fees can be paid via credit card- credit card # _____ exp _____ CID _____

OBRA
P.O. Box 5773
Salem, OR 97304