

EXPLANATORY SHEET

Irish Sport Anti-Doping Programme

EVENT CONTACT SHEET

Event Name	Club name and event type to go here
Sport	Motorsport (Cars)
ADO	Dr.Frank O'Donoghue Ph: 087 673 7074
Start Date	Event Start Date
Finish Date	Event Finish Date
Venue	Full details of exactly where the venue is.
Start Time	Sign-on time
Finish Time	Estimated finish time of the event.
Competitors	Estimated number of competitors expected.
Male / Female	Both genders expected.
Facilities	State if facilities to the required standard can be made available or if mobile anti-doping unit required. A large en-suite hotel room may be suitable.
Type of Competition	Stage Rally/ Car Races/ Kart Races etc.
Under 18s	Will there be competitors under 18 years of age?
Consent	Has parental consent been given for testing?
Names	Names of under 18's (N/a as too many to list)
Event Contact Person (ECP)	The name of your appointed event contact person.
Contact Number For ECP	A contact number for the above (preferably mobile)
Other Information (including athlete disabilities)	If you know you may have a disabled competitor, please put the information here.

TO BE COMPLETED AND RETURNED WITH PERMIT APPLICATION

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Start Date	
Finish Date	
Venue	
Start Time	
Finish Time	
Competitors	
Male / Female	Both genders expected.
Facilities	
Type of Competition	
Under 18s	Yes
Consent	Yes – on licence application form
Names	N/a
Event Contact Person (ECP)	
Contact Number For ECP	
Other Information (including athlete disabilities)	
