

# ACTIVITES CHECKLIST

DATE & TIME OF EVENT:

\_\_\_\_\_

PLACE:

\_\_\_\_\_

BUDGET FORM:

☐

FLYER APPROVAL:

☐

INSURANCE FORM:

☐

# DISTRICT ACTIVITIES DIRECTOR GUIDELINES

## 1. Know your job description:

### **District Activities Director Job Description**

- ♦ To schedule, organize, staff, direct, and control all activities on the District level.
- ♦ To promote motorcycling as a whole by scheduling events for all riders.
- ♦ To establish and maintain records of their District events.
- ♦ To get approval of State Activities Director and fellow District Officers before a commitment is made on an event.
- ♦ To maintain contact with other District Officers.

## 2. Be sure to fill out the District Officer Information Form.

## 3. Make sure a black and white copy of all flyers come to the State Office. If you want the flyer for your event in the newsletter, it is better if it runs for at least 2 months, 3 months is even better.

## 4. Fill out a Standard Event Budget Form for all events, at least 120 days in advance of the event. These forms are easy to understand, if you just read it. This is not just more paperwork that we want you to fill out. These forms are to HELP you. They can help you plan for your event, by helping to remind you of the things you need and things you might have forgotten, or even things you might not realize that you need. It lists the expenses that you might anticipate for the event, and helps you plan on how much income you need to break even on the event. It has a place for estimated expenses and income (revenue), and a place for actual expenses and income. During the planning stages, you must fill out the form for any event, even if you will have no expenses, and send it in to the State Office for approval. Include any request for additional funds from the State Office. This must be done before any publication in the newsletter or distribution of flyers for the event. Then, when the event is all over, fill out the actual expenses and income, and send it in again. This is a profit and loss statement for your event, without having to fill out another form. IRS requires this information. This can help you in the future also. Keep copies, and when you decide to have the event again, you know how much you paid for various items the last time you had the event, and how profitable it was. You can also put on the form the supplier of various items, bands, printers, trophy places, etc., and then you will know at a glance what band you used for this event in the past, who made the trophies, etc. This is very useful to pass on to whoever follows you into this office. Wouldn't you like to have these kinds of records for all the past events before you took over this office?

## 5. Districts have the authority to remove persons from an event if they cannot abide by the rules. The proper procedure is to politely and immediately refund the admission fee and ask them to leave the event and the property immediately. This changes their status to trespasser. This is necessary if law enforcement must be called to remove the person.

## 6. Lend a hand at State Events. This includes working any event that the State Activities Director asks you to work.

## 7. Always represent ABATE of Georgia in a POSITIVE manner.

# EVENT BUDGET REPORT

District #	Event/Name:	Original Event Estimates as of / /	Revised Event Estimates as of / /	"Worst-Case Scenario" Event Estimates	"Best-Case Scenario" Event Estimates	Actual Event Totals
<b>Description:</b> Property/Location - rental, usage, & clean-up fees Deposits - to be returned or applied to cost? Advertising & promotional costs Tickets, wristbands, etc. Flyer - design & printing costs Entertainment - band, disc jockey, etc. Equipment rental - portable toilets, sound equipment, etc. Prizes, trophies, plaques, etc. Event supplies Food & beverages - catering, guaranteed minimums, etc. Event merchandise purchases for sale Start-up cash for change Entertainment - band, disc jockey, etc. Permits, licenses, fees, etc. Other: Other: Other: Other: Other:						
<b>TOTAL EVENT COSTS</b>						
Sponsorship fees Field event and/or bike show fees Rafties & drawings income Vendor fees Donations(sales) - event/district items Admissions: # @ \$ each Admissions: # @ \$ each Other: Other: Other:						
<b>TOTAL EVENT REVENUES</b>						
<b>TOTAL EVENT PROFIT or (LOSS)</b>						

Comments:



State Approval Process Notes:

Event dates must not conflict with State Event dates. Does district have or expect to have funds to pay for the Worst-Case Scenario? Does the district request approval to retain more than the maximum of \$2000? Will the district need to request advance funding from the State? Will any contracts need to be reviewed and signed (only the State Director has the authority to sign contracts of any kind)? This report must be submitted for State review prior to making any commitments, and prior to any publication and/or promotion of any kind. Flyer and copy of approved report must be received at the State Office by the 10th of the month for publication in the next month's newsletter.

**ABATE OF GEORGIA, INC.**

EVENT \_\_\_\_\_ DATE \_\_\_\_\_

**THIS IS A RELEASE, READ BEFORE SIGNING**

I agree that ABATE of Georgia, Inc., its Districts and Chapters and their respective officers, directors, employees and agents (hereinafter, the **"RELEASED PARTIES"**) shall not be liable or responsible for injury to me (including paralysis or death) or damage to my property occurring during any State, District, events and/or activities and resulting from acts or omissions occurring during the performance of the duties of the Released Parties, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all ABATE members and their guests participate voluntarily and at their own risk in all ABATE activities and I assume all risks of injury and damage arising out of the the conduct of such activities. I release and hold the **"RELEASED PARTIES"** harmless from any injury or loss to my person or property which may result from my participation in ABATE activities and EVENT(S). I UNDERSTAND THAT THIS MEANS THAT I AGREE NOT TO SUE THE **"RELEASED PARTIES"** FOR INJURY OR RESULTING ANY DAMAGE TO MYSELF OR MY PROPERTY ARISING FROM OR IN CONNECTION WITH, THE PERFORMANCE OF THEIR DUTIES IN SPONSORING, PLANNING OR CONDUCTING SAID EVENT(S).

## WAIVER OF RIGHTS UNDER STATE STATUTES

I further agree to waive all benefits flowing from any state statute which would negate or limit the scope of this Release and Indemnification.

By Signing this Release, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by the **"RELEASED PARTIES"**

[illegible]



# ***ABATE of Georgia, Inc***

## **Bike Show Registration Form**

Bike Number: \_\_\_\_\_ Date: \_\_\_\_\_

Bike Make: \_\_\_\_\_ Event: \_\_\_\_\_

Bike Model: \_\_\_\_\_

Bike Year: \_\_\_\_\_

Bike Class: \_\_\_\_\_

Rider Name: \_\_\_\_\_

(Optional Information)

Rider Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rider Phone: \_\_\_\_\_

(To be filled in by judges)





## ***ABATE of Georgia, Inc.***

### **Bike Show Judging Form**

Bike Number: \_\_\_\_\_

\_\_\_\_\_ Frame: 0 - 10 Points

\_\_\_\_\_ Paint: 0 - 10 Points

\_\_\_\_\_ Handmade Parts: 0 - 10 Points

\_\_\_\_\_ Front End: 0 - 10 Points

\_\_\_\_\_ Originality: 0 - 10 Points

\_\_\_\_\_ Motor Modifications: 0 - 10 Points

\_\_\_\_\_ Overall Appearance: 0 - 10 Points

\_\_\_\_\_ Construction Techniques: 0 - 10 Points

\_\_\_\_\_ Total (80 Points Possible)

This Bikes Score: \_\_\_\_\_

Best in Class Score: \_\_\_\_\_

Trophy Awarded: \_\_\_\_\_ (Trophy, Plaque or None)

Abate of Georgia  
EVENT INSURANCE ORDER FORM

**IMPORTANT NOTE:** An event order form must be submitted for each event, prior to the event, in order to validate insurance coverage for all events. Failure to comply will result in NO INSURANCE coverage for your moving event. (Please complete all information. Type or print LEGIBLY.)

1. NAME OF REGION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

2. DATE OF THIS EVENT: \_\_\_\_\_

3. TYPE OF EVENT: \_\_\_\_\_

3A. NAME OF EVENT: \_\_\_\_\_

NOTE: If event canceled, mail or fax notification within 24 hours to Naughton & Abate of Georgia

4. LOCATION OF THIS EVENT:  
Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

5. CERTIFICATE OF INSURANCE NEEDED: YES NO

NOTE: You will be sent a receipt card acknowledging your order form. Your club has been issued a Certificate of Insurance covering the entire policy period for your use as evidence of insurance. The Certificate shows that "owners of premises" used to conduct insured events are automatically included as additional named insureds on the Abate of Georgia Policy. You may copy this certificate to give a copy to landowners as evidence of your insurance. Therefore, it is only necessary to request a specific Certificate of Insurance for a particular event in cases where the landowner requires you to specifically list them by name.

6. ADDITIONAL NAMED INSUREDS REQUIRED FOR THIS EVENT (complete only if Certificate has been requested)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

7. NAME, ADDRESS, AND PHONE NUMBER (daytime phone) OF PERSON COMPLETING THIS FORM:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

NOTE: Receipt card for this event (and Certificate, if requested) will be returned to this person.

THIS FORM MUST BE DATED AT LEAST ONE DAY PRIOR TO THE EVENT TO WHICH THIS ORDER PERTAINS to have your event liability insurance in effect and valid. Phone calls to order event insurance are not necessary as coverage can only be effected by evidence of postmark at least one day before the event date. IF YOU NEED A CERTIFICATE OF INSURANCE FOR THIS EVENT PRIOR TO THE EVENT, you should mail your order at least three weeks in advance to assure receipt of the Certificate in time.

MAIL FORM TO:

NAUGHTON INSURANCE, INC.  
P.O. Box 6192  
Providence, RI 02940  
FAX: (401) 433-5460  
Phone: (401) 433-4000  
Email: [info@naughtoninsurance.com](mailto:info@naughtoninsurance.com)

NAUGHTON ACKNOWLEDGMENT:

Date Received \_\_\_\_\_

Signature \_\_\_\_\_  
(Return copy to ordering Region)