

**SKI RACING NEW ZEALAND INC.**

**JUDICIAL COMMITTEE**

**FORM 5**

**APPLICATION FOR ASSISTANCE**

*Jurisdiction: The Judicial Committee can only hear Application for Assistance Proceedings where all the parties have agreed by signing this Application to have the Judicial Committee to decide:*

- i. disputes between Member Organisations:*
- ii. unresolved questions of interpretation;*
- iii. unresolved issues of concern to a member, coach, SRNZ staff, race organising committee, jury, referee or other race official.*

**1. Details of First Party**

Name \_\_\_\_\_

Contact Person (if Organisation):

Name \_\_\_\_\_ Position \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone (Wk) \_\_\_\_\_ (Hm) \_\_\_\_\_

Facsimile (Wk) \_\_\_\_\_ (Hm) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**2. Details of First Party's Representative**

*Please insert the details of your legal representative or other person, if any, who will be representing you or your organisation in these Proceedings.*

Name of Representative: \_\_\_\_\_

Firm/Company \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Person for this application:

Name \_\_\_\_\_ Position \_\_\_\_\_

Telephone (Wk) \_\_\_\_\_ Mobile \_\_\_\_\_

Facsimile (Wk) \_\_\_\_\_ Email \_\_\_\_\_

**3. Details of Second Party**

Name \_\_\_\_\_

Contact Person (if Organisation):

Name \_\_\_\_\_ Position \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone (Wk) \_\_\_\_\_ (Hm) \_\_\_\_\_

Facsimile (Wk) \_\_\_\_\_ (Hm) \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

**4. Details of Second Party's Representative**

*Please insert the details of your legal representative or other person, if any, who will be representing you or your organisation in these Proceedings.*

Name of Representative \_\_\_\_\_

Organisation \_\_\_\_\_

Postal Address \_\_\_\_\_

Contact Person for this application:

Name \_\_\_\_\_ Position \_\_\_\_\_

Telephone (Wk) \_\_\_\_\_ Mobile \_\_\_\_\_

Facsimile (Wk) \_\_\_\_\_ Email \_\_\_\_\_

*(Advise details of other parties and parties representative on a separate page if necessary).*

**5. Urgency**

*Are there grounds for suggesting these Proceedings should be heard on an urgent basis? Yes [ ] No [ ]*

*If Yes, please describe below the reasons why you consider there is urgency in hearing the matter.*

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**IMPORTANT INSTRUCTIONS FOR FILING APPLICATION**

To file this application all parties must complete and sign this Application for Assistance form to:

**SKI RACING NEW ZEALAND INC.**

PO Box 9235

Addington

**CHRISTCHURCH**

Email: sue@skiracing.org.nz

Fax: 03 942 9564

Within 10 working days of filing this Application for Assistance each party is also required to file a Statement of Position (Form 6) together with a fee of \$50 (including GST).