

MOTORCYCLING QUEENSLAND

ROAD RIDE REPORT

IMPORTANT: This report must be received by Motorcycling Queensland within **5 days** of the meeting

NAME OF CLUB				
NAME OF EVENT				
DATE OF EVENT		START TIME		FINISHING TIME
PERMIT NUMBER				
NAME OF LEAD RIDER				
NUMBER OF PARTICIPANTS				
MEETING LOCATION (START)				
DESTINATION				
RETURN LOCATION (END)				

<i>PLEASE TYPE YES OR NO</i>	YES	NO
DID THE RIDE GO TO PLAN?		
DID ALL RIDERS AND PILLION PASSENGERS SIGN THE INDEMNITY		

<i>PLEASE TYPE YES OR NO</i>	YES	NO
WERE THERE ANY INJURIES		
<i>PLEASE TYPE THE NUMBER OF INJURIES</i>	NUMBER OF INJURIES	
HOW MANY MAJOR INJURIES WERE THERE?		
HOW MANY MINOR INJURIES WERE THERE?		

ADDITIONAL COMMENTS

PLEASE SAVE AND EMAIL THIS REPORT TO eventsassistant@mqlld.org.au WITH ALL OTHER PAPERWORK. INCLUDING

- INJURY REPORTS
- ONE EVENT LICENCES SOLD
- A3 INDEMNITY FORM.

OR ALTERNATIVELY YOU CAN POST IT TO PO BOX 2072, NORTH IPSWICH, QLD 4305.
IF YOU EMAIL THE PAPERWORK WE DON'T REQUIRE IT TO BE POSTED AS WELL.