



APPLICATION FOR A PERMIT TO CONDUCT A MEETING

Please return this form to: PO Box 2072 North Ipswich Qld 4305 Or Fax this form to (07) 3812-2742.

Club / Promoter: _____

Postal Address: _____

Postcode _____

Name of Event: _____

Meeting Date: ____ / ____ / ____ Meeting venue: _____

Time of Start: _____ Estimated time of finish: _____

PLEASE TICK RELEVANT BOXES:

- OPEN, REGIONAL ZONE, INTERCLUB, MOTOCROSS, STADIUM MOTOCROSS, SUPERCROSS, ROAD RACE, DIRT TRACK, ENDURO / PONY EXPRESS, SPEEDWAY, MOTO TRIALS, HISTORIC / CLASSIC, TRAIL RIDE, PRIZEMONEY, OTHER, etc.

I agree that this meeting will be conducted according to the General Competition Rules of Motorcycling Australia and the By-Laws of Motorcycling Queensland.

Applicants Name: _____ Signature: _____

Contact Details: (Mb) _____ (Work) _____ Fee Enclosed \$ _____

Credit Card Payment - Mastercard / Visa / Bankcard ONLY

Card NO. _____ Expiry Date ____ / ____

Amount \$ _____ Signature _____

FOR OFFICE USE ONLY: Permit Number Paid Receipt