



APPLICATION FOR A PRACTICE PERMIT

Club / Promoter: _____

Address: _____

Contact Person: _____ Phone: _____

Email: _____

Practice Supervisor: _____

Venue: _____

Please provide a Practice Permit for the following (tick relevant box):

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Motocross | <input type="checkbox"/> Super Moto | <input type="checkbox"/> Speedway |
| <input type="checkbox"/> Dirt Track | <input type="checkbox"/> Trail Ride | <input type="checkbox"/> Mini Moto |
| <input type="checkbox"/> Road Racing | <input type="checkbox"/> Moto Trials | <input type="checkbox"/> Fast 50's |
| <input type="checkbox"/> Other (please specify) _____ | | |

COMPLETE ONE ONLY:

Single Activity Permit

Permit on _____ / _____ / 2016

Monthly Permit

Permit for Practice in the month of: _____