



MOTORCYCLING QUEENSLAND PRACTICE REPORT

NAME OF CLUB					
NAME OF PRACTICE SUPERVISOR					
TRACK LOCATION					
PERMIT NUMBER					
DATE OF EVENT		START TIME		FINISHING TIME	
NUMBER OF PARTICIPANTS	Junior Male		Junior Female		Total Numbers
	Senior Male		Senior Female		

<i>PLEASE TYPE YES OR NO</i>	YES	NO
DID ALL VOLUNTEERS & RIDERS SIGN THE A3 INDEMNITY FORM?		
IS THE SCHEDULE COMPLETE ON THE A3 INDEMNITY FORM?		

<i>PLEASE TYPE YES OR NO (PLEASE ALSO INCLUDE INJURY REPORT)</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	
WHO WAS THE FIRST AID PROVIDER	
NAME	
PLEASE SAVE AND EMAIL THIS REPORT TO courtney@mqlld.org.au WITH ANY INJURY REPORTS. PLEASE POST THE A3 INDEMNITY FORMS TO PO BOX 2072, NORTH IPSWICH, QLD 4305	

