



MOTORCYCLING QUEENSLAND PRACTICE REPORT

NAME OF CLUB					
TRACK LOCATION					
DATE OF EVENT		START TIME		FINISHING TIME	
NAME OF PRACTICE SUPERVISOR & OFFICIALS LICENCE NUMBER					
NUMBER OF PARTICIPANTS					

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

<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

WHO WAS THE FIRST AID PROVIDER	
NAME	

PLEASE SAVE AND EMAIL THIS REPORT TO events@mqlld.org.au WITH ANY INJURY REPORTS.
PLEASE POST THE A3 INDEMNITY FORMS TO PO BOX 2072, NORTH IPSWICH, QLD 4305