

**MOTORCYCLING QUEENSLAND
NON COMPETITION EVENTS REPORT**

Ph (07) 3281 2255 Fax (07) 3812 2742



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

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NAME OF PROMOTER:		
NAME OF CONTACT PERSON:		
ADDRESS:		
PERMIT NUMBER:	DATE OF EVENT:	
ACTUAL START TIME:	ACTUAL FINISH TIME:	
LOCATION OF EVENT:	FROM:	TO:
NAME OF CHIEF OFFICIAL:		
NUMBER OF PARTICIPANTS (RIDERS & PILLION PASSENGERS):		

SECTION A			
Did the event proceed according to plan?	Yes:	No:	(please comment in SECTION B)
Did all event officials sign the indemnity?	Yes:	No:	(please comment in SECTION B)
Is the Officials Indemnity Forms attached?	Yes:	No:	(please comment in SECTION B)
Are the Riders Indemnity Forms attached?	Yes:	No:	(please comment in SECTION B)
Were any incidents reported at the event?	Yes:	(please comment in SECTION B)	No:

Were any injuries reported..	
(a) To participants (please give details)	
Name	
Address (if known)	
Nature of injury / Incident	
Name	
Address (if known)	
Nature of injury / Incident	
(b) To officials (please give details)	
Name	
Address	
Nature of injury / Incident	
Who Provided First Aid:	

