



MOTORCYCLING QUEENSLAND PRACTICE REPORT

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

NAME OF CLUB:	
TRACK LOCATION	
DATE (S) OF EVENT	
ACTUAL START TIME	ACTUAL FINISH TIME
NAME OF PRACTICE SUPERVISOR/S	
OFFICIAL/COACH LICENCE NUMBER:	
NUMBER OF PARTICIPANTS	

Did the practice proceed according to plan?	Yes	No
If no, please describe what happened....		
Did all officials/volunteers sign an indemnity?	Yes	No
Did all riders / parents / guardian sign an indemnity? (Please ensure they are attached)	Yes	No
Were any incidents reported at the event?	Yes	No
If yes, please describe....		

Were any injuries reported? (NB If transported by ambulance please complete the major injury report & fax to AON & MQ)		
(a) To participants Yes / No (please give details)		
Name		
Address (if known)		
Nature of injury		
(b) To officials Yes / No (please give details)		
Name		
Address		
Nature of injury		
(Please add information on reverse if insufficient space)		

ANY OTHER COMMENTS

PLEASE RETURN THIS REPORT TO MQ WITH ALL RIDER INDEMNITIES

This report is confirmed by the signature of the Practice Supervisor	
Date:	Signature:

