



APPLICATION FOR A PERMIT TO CONDUCT A MEETING

Please return this form to: PO Box 2072 North Ipswich Qld 4305 Or Fax this form to (07) 3812-2742.

Club / Promoter: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Name of Event: \_\_\_\_\_

Meeting Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Meeting venue: \_\_\_\_\_

Time of Start: \_\_\_\_\_ Estimated time of finish: \_\_\_\_\_

PLEASE TICK RELEVANT BOXES:

- OPEN, REGIONAL ZONE, INTERCLUB, MOTOCROSS, STADIUM MOTOCROSS, SUPERCROSS, ROAD RACE, DIRT TRACK, ENDURO / PONY EXPRESS, SPEEDWAY, MOTO TRIALS, HISTORIC / CLASSIC, TRAIL RIDE, PRIZEMONEY, OTHER, etc.

I agree that this meeting will be conducted according to the General Competition Rules of Motorcycling Australia and the By-Laws of Motorcycling Queensland.

Applicants Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Details: (Mb) \_\_\_\_\_ (Work) \_\_\_\_\_ Fee Enclosed \$ \_\_\_\_\_

Credit Card Payment - Mastercard / Visa / Bankcard ONLY

Card NO. \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_

Amount \$ \_\_\_\_\_ Signature \_\_\_\_\_

FOR OFFICE USE ONLY: Permit Number Paid Receipt