



APPLICATION FOR MOTORCYCLING QUEENSLAND CALENDAR DATE/S – 2010

Club / Promoter: _____ **Your Name:** _____

Position: _____ **Mobile:** _____ **Work:** _____

*This form must to be returned to Motorcycling Queensland c/- PO Box 2072 North Ipswich Qld 4305 or Fax: (07) 3812-2742
by 30th November 2009*

	<u>Type of Meeting</u> Open / Closed / etc.	<u>Date Requested</u>	<u>Alternative Date/s</u>	<u>Type of Event</u> MX / DT / RR / etc.	<u>Name of Event</u>	<u>Venue</u>	<u>Office Use only</u>
e.g.	Open	Sat. 8 th Feb	Sat 15 th Feb or Sat 22 nd Feb	Dirt Track	Round 1 Qld Champs	Mike Hatchers	
1.							
2.							
3.							
4.							
5.							
6.							
7.							

If you require further room for extra dates – please duplicate this form as many times as required.