



**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

NAME OF PROMOTER:			
NAME OF CONTACT PERSON			
ADDRESS			
TELEPHONE (W)	(H)	(M)	(F)
PERMIT NUMBER		DATE (S) OF EVENT	
ACTUAL START TIME		ACTUAL FINISH TIME	
LOCATION OF EVENT (FROM – TO)			
NAME OF CHIEF OFFICIAL			
NUMBER OF PARTICIPANTS (RIDERS & PILLION PASSENGERS)			

Did the event proceed according to plan?	Yes	No
If no, please describe what happened....		
Did all event officials sign the indemnity?	Yes	No
Is the Officials Indemnity Form attached?	Yes	No
Were any incidents reported at the event?	Yes	No
If yes, please describe....		

Were any injuries reported..
(a) To participants (please give details)
Name
Address (if known)
Nature of injury
(b) To officials (please give details)
Name
Address
Nature of injury
(Please add information on reverse if insufficient space)

ANY OTHER COMMENTS

This report is confirmed by the signature of the Chief Official	
Date:	Signature:

