

Office use:



## PERMIT APPLICATION FOR OVERNIGHT CAMPING

CLUB/PROMOTER:				CONTACT NAME:	
MAILING ADDRESS:				CONTACT NO:	
				 FAX:	
EMAIL:					
CAMPING VENUE:					
CAMPING DATE/S:				FEE PAID: \$	
Please notify Motorcycling NSW immediately of any changes					
Please note all Camping Facilities provided: (i.e. Toilets, Lighting, Security)					
Approximately how many campsites are provided:					
Has this campsite been approved by Local Council Yes* No *(If yes, you must provide a copy)					
The following activities will be conducted by the Promoter during the event and application to have these activities covered by the Motorcycling Australia Public Liability Policy is applied for. The decision to cover such events is at the discretion of the Management of Motorcycling NSW Limited. It is at the Promoter's discretion and highly recommended that insurance cover is in place for activities not covered by MA insurance policy					
This application is made with the approval of the landowner and/or any authority controlling the use of the land. I understand and hereby accept that the promoter is responsible for paying the excess on any public liability insurance claims arising out of this permit.					
APPLICANTS NAME (Print):	:		SIG	NATURE:	DATE:
All applications, FULLY COMPLETED MUST be received in the Motorcycling NSW Office no later than TWO WEEKS prior to the event					
Cheque number:			Money Order	number	Security Code
Credit Card	」 VISA	MASTERCARD	Expiry Date	/	3 digits on back of card
	/		/	/	
Account Name	Signature				

