

Sports House Quad 1, Level 2, 8 Parkview Drive, Sydney Olympic Park NSW 2127 PO Box 6124 Silverwater NSW 2128 p 02 8378 0790 ACN 096 875 526 ABN 20 096 875 526

PERMIT ΔΡΡΗΓΟΔΤΙΟΝ					)				
PERMIT APPLICATION TO CONDUCT ACOACHING SCHOOL							Office Use:		
Club or Promoter:				Co	ntact Nam	ie:			
Postal Address:				Cont	act Numbe	er:			
					Fa	ix:			
Email:									
School Name:				Da	te of Scho	ol:			
Venue Name:					Fee:	\$			
		• Level 1 Coa	ach is per	mitted to co	oach 6 ride	rs.			
• Level 2 Coach is permitted to coach 15 riders. Permitted an additional 10 riders for every Level 1 present.									
Coaches:			Max 25 p	articipants.					
	Lic #						Lic #		
	Lic #						Lic #		
Coaches listed above must be present for the entire meeting. Motorcycling NSW must be immediately notified in writing of any changes.									
Day Only			Night Only				Day/Night		
Motocross Supercross Stadium Motocross Grass Track Motocross Classic Motocross	<ul> <li>Dirt Track</li> <li>Short Track</li> <li>Long Track</li> <li>Speedway</li> <li>Grass Track Dirt Track</li> <li>Classic Dirt Track</li> </ul>		Enduro  Cross Country  Pony Express  Sprint		Minicr	<ul> <li>Minikhana</li> <li>Minicross</li> <li>Mini Enduro</li> <li>Mini Trials</li> </ul>		<ul> <li>Road Race</li> <li>Historic Road Race</li> <li>Moto-Trials</li> <li>Super track</li> <li>Supermoto</li> </ul>	
☐ Mini (4-U7) ☐ Junior(7-U16) ☐ Senior (16+)	Senior Quad	The following activities will be conducted by the Club/Promoter during the event and application to have these activities covered by the Motorcycling Australia Public Liability Policy is applied for:			<ul> <li>Licence Testing</li> <li>Canteen/Sale of Food</li> <li>Car Park Facility</li> </ul>				
The decision to cover such events		of the Manage ace cover is in pl					er's discretio	on and highly recommended	
I wish to apply for approval to conduct the a application is made with the approval of the la	above-described meeting	and hereby agree to hority controlling the	abide by the Ge use of the cou	neral Competition F	Rules of Motorcyc	ling Australia Limited			
APPLICANTS NAME: SIGNATURE: DATE:									
All applications, <u>Fl</u>	<u>ULLY COMPLETED</u> n	nust be receive	<mark>d in the Mo</mark>	torcycling NSW	/ Office no la	ter than TWO W	EEKS prior t	o the event.	
Cheque number: Money Order number									
Credit Card 🗌 VISA	Credit Card 🗌 VISA 🗌 MASTERCARD		Expiry Date			/ Security Code 3 digits on back of card			
	/		/		/	/			
Account Name Signature									
Checklist									
Correct Fee	ct Fee Signed Landholders permission attached ( <i>If applicable</i> )								
This application WILL NOT be processed until all required information has been received, including payment,									

