

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	 Dirt Track Short Track Long Track Speedway Grass Track Dirt Track Classic Dirt Track 		Enduro Cross Country Pony Express Sprint		Minicr	 Minikhana Minicross Mini Enduro Mini Trials 		 Road Race Historic Road Race Moto-Trials Super track Supermoto 	
☐ 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:			 Licence Testing Canteen/Sale of Food Car Park Facility 				
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,									

