Office use:

**PERMIT APPLICATION FOR OVERNIGHT CAMPING**

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| **CLUB/PROMOTER:** |  | **CONTACT NAME:** |  |
| **MAILING ADDRESS:** |  | **CONTACT NO:** |  |
|  |  | **FIRST AID:** |  |
| **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)** |
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| 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):       | SIGNATURE:       | DATE:       |
| **All applications, FULLY COMPLETED MUST be received in the Motorcycling NSW Office no later than TWO WEEKS prior to the event** |

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| **Credit Card** | [ ]  **VISA** | [ ]  **MASTERCARD** | **Expiry Date** | **/**  | **Security Code****3 digits on back of card**  |  |
|                         /                         /                         /                         |
| **Account Name** |  | **Signature** |  |
| **This application WILL NOT be processed until all required information has been received, including payment.** |