



Official Use
Date Received
/ /

Permit Application for Road Events

Applicant Details

Organisation

Contact Person

Surname

Given Name

Postal Address

.....
.....

Contact Details - Please tick (✓) preferred method of contact

Phone:

Fax:

Email Address:

Event Details

Event Name

Event Type

Parade

Trial

Race

Procession

Speed Trial

Other (specify) _____

Event Dates

Start	Finish
<input type="text"/>	<input type="text"/>

Assembly Area _____

Event Times

<input type="text"/>	<input type="text"/>
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Finish Area _____

Route of Travel (i.e. include details of all roads)

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.....
.....

Will any person involved in this event be riding in any open load space on a vehicle, trailer or float?

Yes (provide details below) No

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