



Motor Cycling Ireland

Incorporating the Motor Cycle Union Southern Centre

Permit Application
Form 20__

This form must be completed and returned to the Permit Secretary **SIX WEEKS** before the proposed event.

BLOCK CAPITALS PLEASE

I, _____ (Secretary of the Meeting)

On behalf of _____ Club Ltd.

Address: _____

Email: _____ Phone Number: _____

Herby apply for permission to hold

Name and Type of event: _____

On: _____

At: _____

Status of Event (Tick as applicable)

MCI IRISH CHAMPIONSHIP EVENT	
MCI SOUTHERN CENTRE CHAMPIONSHIP	
OPEN EVENT	
CLOSED EVENT	
PRACTICE DAY	
#APPROVED TRAINING SCHOOLS * CHARITY EVENTS	

Requires permission and approval of the relevant committee: ie. MX, Trials, Enduro, Roads, ect...

*Requires permission and approval of MotorCycling Ireland.

Signed: _____ Secretary of Meeting Date: __/__/__

Enclose with application form the following:
 2 specimen (DRAFT) copies of the regulations and Entry Form for approval.
 Payment or proof of payment. Amount €

Return Address	For Official Use Only
Hon. Permit Secretary MotorCycling Ireland Unit 18 The Beat Centre, Stephenstown Industrial Estate, Balbriggan, Co. Dublin.	Total Recived € Date Application Recived / / Date Permit Sent: / /