

State Motorcycle Sports Complex

Camping Guidelines & Permit - Broadford

Event:
Date of Event:
Permit No.

In the interests of safety we ask that you (the camper) comply with the following guidelines:

The State Motorcycle Sports Complex and Motorcycling Victoria assumes no liability for personal loss, injury, death, property damage or other related harm suffered by competitors, spectators and/or others.

This Bushland type camping area does not have lighting or established footpaths and we as campers, acknowledge and accept these conditions.

Load music, foul language and general unruliness will not be tolerated. Quiet hours are from 10.30pm to 7.00am in the camping area. All generators must be shut down between 10.30pm and 7.00am.

No fireworks, No drugs and No underage consumption of alcohol allowed anywhere on the property. The laws relating to these matters are applicable here, as they are in any public place.

Please check with the camp caretaker before lighting fires. Use only established fireplaces instead of creating new ones. Do not leave any fire unattended at any time, day or night. No fires allowed at all on Total Fire Ban days. Check with the camp caretaker.

Please dispose of your rubbish in the bins provided or take it with you. Do not leave it laying around to attract flies and vermin. Please leave the camping area in the same condition as when you arrived.

Failure to adhere to these guidelines may result in you and those listed on this form being ejected from the property.

(Retain these guidelines as your record and show to the caretaker should you be asked)

Name: _____

(Please ask Race Secretary to Sign this form)

Name: _____

Amount paid: \$ _____

Name: _____

Name: _____

Signature of Camper: _____

Name: _____

Date: ___/___/___

Race Secretary/Manager: _____

(Only one signature is required if you are part of a group, this person assumes responsibility for all those listed)

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Tear off this section and place it together with camping fees in envelopes provided and hand to Race Secretary/Complex Manager

Event:
Date of Event:

\$10 per head, per meeting

Name: _____

Signature of Camper: _____

Name: _____

Name: _____

Date: ___/___/___.

Name: _____

Name: _____

Name: _____

Total Enclosed: \$ _____