



MOTORCYCLING NEW ZEALAND INC

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PERMIT CANCELLATION OR TRANSFER ADVICE

Date: _____

Name: _____

Position: _____

Details of permit

Organising Club: _____

Type of Event: _____

Date of Event: _____

Permit#: _____

Please note that the event as detailed above has been:

CANCELLED ~ *Please arrange a credit*

OR

TRANSFERRED ~ *date transferred to:* _____

~ *venue transferred to:* _____

~ *steward changed to:* _____

I have notified the Regional Co-ordinator :

VERBALLY

IN WRITING

Please note: *This form must be furnished within three days of event postponement or cancellation.*

Office use only

Date Received: _____ Credited Amount: _____

Approved: _____ Amended Permit Sent: _____