



MOTORCYCLING WA

Street: 46 Seventh Ave, Maylands WA 6051

Postal: PO Box 475, Maylands WA 6931

Telephone: 08 9371 5333 Fax: 08 9371 5311

Email: mail@motorcyclingwa.org.au Website: www.motorcyclingwa.org.au



Junior Log Book Application Form

OFFICE USE ONLY

| | | | | | |
|----------------|--|-----------------------|-----|--------------------|-----|
| Received | | Licence number issued | | Log Book Issued By | |
| Receipt number | | Log Book Expiry Date | / / | Date Processed | / / |

Applicant – please print clearly

| | | | | | |
|--|---------------|-------------|----------------|-----------|--|
| First Name | | Middle Name | | Surname | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | / / | School | | |
| Street Address (required) | | | | | |
| Suburb | | | | Post Code | |
| Postal Address (if same leave blank) | | | | | |
| Suburb | | | | Post Code | |
| Home Phone | | | Business Phone | | |
| Mobile Number | | | Fax Number | | |
| E-mail | | | | | |
| Club | | | | | |

Emergency Contact Details (next of kin in an emergency) – please print clearly

| | | | |
|------|--|----------------|--|
| Name | | Contact Number | |
|------|--|----------------|--|

Reason for requiring JCP Log Book

I have not received my log book in the mail

My log book was lost/stolen

I am applying for a log book for a one event competition licence. **Please attach copy of: Proof Age (Birth certificate or Passport) and Assessment 1 and Assessment 2 of Kick Start Booklet.**

Other _____

Return your completed form to: Motorcycling WA, PO Box 475, MAYLANDS WA 6931