

Perth & District Motor Club
Entry Form and Regulations SACU Permit No:
Lochlane National Trial
17th February 2019

VENUE: East Lochlane Farm, by Crieff, Perthshire

TIME: Signing-on from 09.30am, Start: 11.00am

CLOSE OF ENTRIES Wednesday 13th February. **NO LATE ENTRIES.** Entries taken by phone, email, post.

THIS EVENT IS OPEN TO: ADULTS all Classes and YOUTH A, B,

ORGANISING CLUB: Perth and District Motor Club

SACU STEWARDS:

CLERK OF THE COURSE: Rab Paterson

ENVIRONMENTAL OFFICER: Patrick Palmer

EVENT SECRETARY: Jean Paterson 1 Strathearn Terrace, Crieff PH73DT Tel:01764654774

ENTRIES. Email: jeanpaterson.pdmc@gmail.com. Website: perthanddistrictmc.co.uk Facebook: Perth and District Motor Club

COURSE WILL BE 3 LAPS OF 12 SECTIONS WITH ROUTES TO SUIT THE FOLLOWING CLASSES: Adult A B , Youth A B,

SUPPLEMENTARY REGULATIONS:

- 1.MARKING BY NO STOP RULES.
- 2.RIDERS MUST NOT LEAVE THE FLAGGED ROUTE. ANY RIDER CAUGHT BREAKING THIS RULE WILL BE DISQUALIFIED AND MUST LEAVE THE COURSE IMMEDIATELY.
- 3.BACK MARKERS WILL CLOSE THE SECTIONS.

DECLARATION: I, the undersigned apply to enter the event described above and in consideration thereof:-

1. I hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU/ SACU, the ACU/SACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them.
2. I further declare that I am physically and mentally fit to take part in the event and I am competent to do so.
3. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
4. I confirm that the machine which I shall compete on shall be suitable and proper for the purpose.
5. I acknowledge that I am required to register my arrival by "signing on" at the designated place not less than 30 minutes before the start.
6. I confirm that I am not currently suspended from ACU/SACU permitted competition or on the ACU/SACU Stop List as a result of incurring a concussion in jury. I shall notify the Club should I incur such a suspension or concussion injury between now and this event.

Adult Riders (18 years and over): In consideration of being permitted to participate in this event, I declare that I will be bound by the declaration which I have signed on this entry form and that the details given on the entry form are true.

Minors (under 18 years of age):

In consideration of being permitted to participate in this event, I declare that I will be bound by the declaration signed on my behalf on the parental agreement form associated with this event, and by the declaration which I have signed on this entry form, the answers on which said entry form are true. Further, I will be bound by the directions of my parent(s)/guardian(s) or other appointed adult assuming responsibility for me at this event on behalf of the organisers.

Rider's Name:

Date of Birth (if under 18 Years):

Address:

.....

..... Post Code:

Telephone Number:

Emergency Contact Number.....

Email Address:

SACU/ACU Registration card No:

Club: Issuing authority: SACU ACU Other (Please circle)

Observer's Name.....

(first 12 riders to provide a named observer will receive a refund of their entry fee)

Machine Details: Make/Model:

Capacity:cc

ROUTES and CLASSES (Please circle):

Adult A. Expert. Non Expert. Novice. Over 40

Adult B. Non Expert. Novice. Over 40. Over 50. Twin Shock. Pre 65

Youth A. Youth B.

ENTRY FEE: £15 ADULT Youth FREE. TO BE SENT WITH ENTRY FORM TO:

Jean Paterson 1 Strathearn Terrace, Crieff, Perthshire PH73DT

CHEQUES TO BE MADE OUT TO: P.D.M.C.

Rider's Signature.....

Date:.....

Under 18 years rider's signature.....

Parent/Guardian's Signature.....