

# CUMBERLAND COUNTY MOTOR CYCLE CLUB

8<sup>th</sup> & 9<sup>th</sup> September 2018

MIKE HODGSON CLASSIC

TWO DAY TRIAL

**P65 TS A/C MONO - NO C & D CLASS**

**VENUE: LIGHTFOOTS CARAVAN PARK, GILLSIDE FARM  
GLENRIDDING, CUMBRIA. CA11 0QQ**

START TIME: SATURDAY 1PM    SUNDAY 10AM

COURSE: ALL OFF ROAD, FARM AND FELL LAND BOTH  
DAYS AND A DIFFERENT COURSE ON BOTH DAYS.

Camping available, please contact Lightfoots Caravan Park, 017684 82346

**ENTRY FEE: £30.00**

CHEQUES PAYABLE TO CCMCC

TO BE SENT TO ROBIN OLIPHANT, 51 KELD ROAD  
CARLISLE, CUMBRIA, CA2 7QX

**NO PHONE ENTRIES.**

RESULTS WILL BE POSTED ON OUR WEBSITE & TRIALS CENTRAL

**ENTRY LIMIT: 80**

LIMITED ENTRY, PLEASE ENTER EARLY

R SHAW Award for best Twinshock, W T Tiffen best CCMCC Member

No time factor will be in place

MARKING WILL BE TO TRS 22B NO STOP PERMITTED

Venue flagged from A592 Penrith to Windermere.

The trial is run on private land on both days (within the Lake District National Park) as normal observe the Country Code, ride only on the marked route. Do not stray o cut corners.

Please enclose SAE for confirmation of place. Entry Fee: £30.00

Make cheques payable to CCMCC

Competition Secretary: Robin Oliphant, 51 Keld Road, Carlisle, CA2 7QX

# CCMCC

## OBSERVERS NEEDED FOR BOTH DAYS

**WE NEED BETWEEN 16 AND 20 OBSERVERS FOR EACH DAY, IT IS A HUGE TASK ORGANISING THE EVENT, SO YOUR CO-OPERATION IN SUPPLYING OBSERVERS IS VERY MUCH APPRECIATED.**

**IF YOU CAN HELP PLEASE TELEPHONE ROBIN ON 01228 548024 OR POST THE SLIP BELOW WITH YOUR ENTRY**

SATURDAY WITH BIKE / WITHOUT BIKE

SUNDAY WITH BIKE / WITHOUT BIKE

NAME OF OBSERVERS.....

<u>Number</u>	<u>ROUTE</u>	<u>Class</u>	<u>Entry fee</u>	<u>Score</u>
	STANDARD/EASY	TS P65		
		ACM O/40 MB		

# Cumberland County Motor Cycle Club Ltd.

## Trials Entry Form

### MIKE HODGSON CLASSIC TWO DAY TRIAL PRE65, TWINSHOCK, AIR COOLED MONO.

**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 A.C.U. 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 AM COMPETENT TO DO SO.
3. I CONFIRM THAT I UNDERSTAND THE NATURE AND TYPE OF EVENTS AND THE RISK INHERENT WITH THE SPORT AND AGREE TO ACCEPT THE SAME NOTWITHSTANDING THAT SUCH RISKS MAY INVOLVE NEGLIGENCE ON THE PART OF THE ORGANISERS/OFFICIALS.
4. I FURTHER AGREE THAT I SHALL NOT SEEK A CLAIM AGAINST THE A.C.U. THE ORGANISERS NOR THEIR OFFICIALS, THE LANDOWNERS, THE PROMOTER OR OTHER BODIES OR INDIVIDUALS CONNECTED WITH THE EVENT IN RESPECT OF ANY DAMAGE TO MY PROPERTY HOWSOEVER CAUSED, AND WHETHER BY NEGLIGENCE OR BREACH OF STATUTORY DUTY OF THE SAID BODIES AND PERSONS.
5. I FURTHER AGREE THAT THE MACHINE WHICH I ENTER AND COMPETE ON SHALL BE SUITABLE AND PROPER FOR IT'S PURPOSE, SHALL BE INSURED AS REQUIRED BY THE ROAD TRAFFIC ACT OR EQUIVALENT LEGISLATION AND THAT IT WILL COMPLY WITH THE REGULATIONS IN RESPECT THEREOF, AND IS DESCRIBED BELOW.
6. I UNDERSTAND AND AGREE THAT I AM REQUIRED TO REGISTER MY ARRIVAL BY SIGNING-ON AT THE EVENT CONTROL AREA NOT LESS THAN 30 MINUTES PRIOR TO COMMENCEMENT OF SAID COMPETITOR'S EVENT.

**NO "FUN BIKES" OR NON-COMPETITIVE BIKES WILL BE ALLOWED ON THE GROUND**

RIDER: SURNAME: .....FIRSTNAME: .....

ADDRESS:.....  
.....  
.....

SIGNATURE: .....TELEPHONE No: .....

E-MAIL ADDRESS:.....

DATE OF BIRTH: .....(IF UNDER 18 YEARS OF AGE)

RESPONSIBLE ADULTS NAME: .....(IF UNDER 18 YEARS OF AGE)

N.B. FOR EACH RIDER WHO IS UNDER 18 YEARS OF AGE THIS FORM MUST BE ACCOMPANIED BY A FULLY COMPLETED PARENTAL AGREEMENT FORM OR AN ANNUAL PARENTAL AGREEMENT CARD.

**MACHINE:** MAKE: .....MODEL: .....CAPACITY: .....C.C

**CLASS:** PRE 65                      TWINSHOCK                      AIR COOLED MONO

**COURSE:**                      STANDARD                      EASY

**A.C.U. LICENCE NUMBER:** .....

**ENTRY FEE:** £30.00 (Please make cheques payable to CCMCC)

**PLEASE ENCLOSE S.A.E. Or EMAIL ADDRESS FOR CONFIRMATION OF ENTRY**

**Post to: ROBIN OLIPHANT, 51 KELD ROAD, CARLISLE, CUMBRIA CA2 7QX**