Launceston MotorCycle Club Limited Trials Entry Form

				Rider No:
Date Sunday 9th May 2021 V	V enue Treburland, Altarnun l	PL15 7SL		
Entry Fee. AMCA Licen	ce holders and LMCC me	mbers Adı	ult £15.00. 16 years and und	er £5.00 Day membership +£3.00
Secretary.	Craig Williams Littlewood,	St Giles O	n The Heath, Launceston, Con	rnwall PL15 9SA
Name				
Address				
AMCA I'	CL 1	Tr. 1.	NT	
			No	
E-Mail Address		Mach	inecc	
Please tick appropriate cate	gories;	T		
	Expert	Red/Blue		
	Clubman Expert	50% Yellow & 50% Red/Blue		
	Clubman	Yellow		
	Sportsman	50% White & 50% Yellow		
	Novice	White		
	Beginner	Green		
	Twinshock	50% White & 50% Yellow		
	Pre-65		White	
Routes can be ridden out of Youth please tick rider cat		unt toward	s club championship	
Youth 13 years and under		Youth 16 years and under		
		<u> </u>		
INDEMNITY - HELMETS Declaration, Motor Sport of				d agree to the following declaration
				being allowed to enter and compete
	•	rm and the	information and my acceptan	ace of the terms of my competition
licence are correct 2. I confirm that I use		competition	I am entering and I am comp	netent to take part.
3. I confirm that any	y vehicle I use will comply v	with the reg	gulations and will be safe and	fit for use in competition.
	t in the event I will ensure (graphical features and that I		nibited) that I have inspected t	he venue, the track, and the
	rt if I have any doubt about i			
				I agree to take part at my own risk.
			by and comply with the general he circuit owners and the regular	ral regulations, any supplements and
				nat if I am taking any prescribed
	inform the event organiser a			:
			above and signed the declarati	you must agree to the matters
set out below which are desi	gned to create legal obliga	tions on y	ou. Sign below only if you ag	gree.
			n ofnt and confirm the answers ar	
I confirm that he/she is comp			and that any vehicle he/she w	
competition.	aim/han to tales mantti-C-	mrigo1£414	the course and the f:11:4:	re sofe and will inspect
				re safe and will inspect same. Aking part in the event and as a result
bring a claim for compe	nsation against you or the or	ganisers of	officials or sponsors or entra	nt or owners of the venue I WILL
			hay be requires to pay as a resu	
Signature of Parent/Guardian. Before completing this form				t by the organisers regarding
Covid-19 restrictions		·a-*	- g	, <u> </u>

Please tick this box if you DO NOT wish to have any photos of you published on our website []