ARTHURS STAR GROUP CHARITY TRIAL 2022

In aid of: NHS CHARITIES TOGETHER

Sunday 10 April 2022

Start time 10.30am

Venue ... Sethern, Rams lane, Dunsfold, Surrey, GU8 4NR

Restricted to members of all ACU clubs in the SE Centre. STAR GROUP and TVTC

Clerk of the Course: Arthur Frearson

Secretary of the Meeting: - Mrs Mandy Frearson, 10 Nutbourne Cottages, Hambledon, Surrey. GU8 4EA.

Tel 01428 683812 email: frearson898@btinternet.com

Entries: Opening date 1st March 2022 Closing date: 7th April 2022

JURISDICTION: Held under the National Sporting Code of the ACU; the Standing Trials Regulations, these Supplementary Regulations. The ACU Covid 19 Crisis Risk Assessment for Trials, and any Final Instructions that may be issued for the meeting.

Classes: A – Expert, B – Intermediates, C – Novice, D – Over 40, E- Over 50, F-Twinshock,G- Air cooled Mono, H – Pre 67 Red, I – Pre 67 Yellow, K- Sportsman, L-Youth Expert, M – Youth Inter, N – Youth Novice, O - Y Beginner

Routes:

White Route – Adult and Youth Experts
Blue Route – Adult and Youth Inters and Over 40s.
Red Route – Adult and Youth Novices, Over 50, Air cooled Mono, Twinshock, Pre 67 (Red) and Sidecars.
Yellow Route – Sportsmen, Pre 67 (Yellow) and Youth Beginners

On Line Entry: £20. for Solos £25 for Sidecars £15 for Youths.

Course: 3 laps of 12 sections

Child Protection: The secretary of the meeting is the point of contact.

OBSERVERS: **We will need observer assistance**, **please** phone Mandy Frearson on 01428 683812 or email frearson898@btinternet.com

Signing on: All entrants riding must show their club membership and ACU affiliation card when signing on at the event and state its number on the entry form NO Cards = NO Ride

Medication It is your responsibility to declare at signing on if you are taking any drugs, you may be tested.

Having entered the event, if you become a non starter you must explain your absence to the promoting club. Failure to do so is a breach of the Rules.

This Trial is in line with the ACU Covid 19 Risk Assessment.

ENTRY FORM

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Permit No. ACU62731	Rider Number
Supplementary Regulations as have or may be issued for I further declare that I am physically and mentally fit to ta and type of event I am entering and its inherent risks an	I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such or the event, and agree to be bound by them. ake part in the event and I am competent to do so. I confirm that I understand the nature d agree to accept the same notwithstanding those such risks may involve negligence on the thine(s) as described below which I shall compete on shall be suitable and proper for the
I confirm that I am not suspended or my ACU Licence h	nas not been suspended/withdrawn from any ACU competition.
I enclose the entry fee of: £	
Acknowledgement of the risks of motorsport:	
injury and I acknowledge that even in the event that neg individual carrying out duties on their behalf were to be injury will always be my voluntary decision to take part in I have read the above and acknowledge that my particip	pation in motorsport is entirely at my own risk. I accept that I am required to register my ommencement of my practice or first competition, whichever occurs first.
	nto-Cycle Union, the Standing Regulations, Supplementary Regulations, Covid-19 Crisis Risk The ACU National Sporting Code and Standing Regulations are published annually in the ACU
Competitors, Marshals and Officials and the public from Cov	vent in accordance with Government guidelines, advice, and instruction so as to minimise the risk to id-19. By participating in this event, I will take all necessary steps to protect myself and others from ctions set down by the Organiser in an effort to minimise the risk of the Covid-19 virus. I of infection from the Covid-19 virus.
Signature of parent or person with parental re	esponsibility;
Riders and Passengers under 18 years of age who canr 'Parental Agreement form (Single Event)' in addition to	not produce a valid ACU Competition Licence/Trials Registration must also complete a this entry form.
First name(s):	
Tel:ACU Licence / Registration No:	Postcode: Tel: ACU Licence / Registration No: Email:
	CLUB: