PINE VIEW TRAIL RIDE

14th & 15th May 2016 <u>STARTING POINT</u>: To be advised, Saturday 14th May at 8AM Starting point at to be advised.

<u>FINISHING POINT</u>: Sunday 15th of May at the same place.

SWAGS: To be left at clubhouse at 5:00PM on Friday, 13th May Everybody who nominates is expected to help load the trucks and backups on Friday afternoon.

WATER AND FUEL: Water to be carried by each rider. Fuel included at scheduled stops, arrive at the start with a full tank please.

NOTE ~ 1ST fuel stop is a minimum 80KMS. Quads may have to pay a fuel top up levy. (TBA)

FOOD & DRINK: Supplied by the SCMCC ~ Includes Sat Lunch & Dinner, Sun Brekky & Lunch and all refreshments. Drinks included.

JUNIORS: MUST BE ACCOMPANIED BY AN ADULT

ENTRIES CLOSE: TUESDAY, 10th of May at the clubhouse.

Entries can be left at the CLUBHOUSE Tuesday nights, or by e-mail ~ silvercitymcc@bigpond.com or fax 0884230279, in any event payment is to be made by the closing time. Indemnity forms must be signed and nomination to be paid in full or entry may be refused.

RIDERS MUST BE A FINANCIAL MEMBER OF THE SCMCC.

-----Keep the top bit so ya know where to go, return the bottom with payment------

NOMINATION FORM – PLEASE FILL IN AND SIGN, include payment with form PINE VIEW TRAIL RIDE 14th & 15th May 2016

I. THE UNDERSIGNED SHALL NOT HOLD THE SILVER CITY MOTORCYCLE CLUB. ITS ORGANISERS OR MEMBERS OR ALL PROPERTY OWNERS INCLUDED IN THIS TRAIL RIDE, RESPONSIBLE FOR ANY INJURY OR DAMAGE INCURRED TO ME OR MY EQUIPMENT WHILE PARTICIPATING IN THIS SOCIAL RIDE. I ALSO UNDERSTAND THIS RIDE IS NOT A COMPETITION, SOME SECTIONS MAY BE PUBLIC ROADS, AND I AGREE TO RIDE AT A SAFE AND RESONABLE SPEED. I HOLD A MOTORCYCLE LICENCE AND MY VECHILE IS REGISTERED AND INSURED. PAYMENT MUST BE MADE IN FULL BEFORE COMMENCEMENT OF THE RIDE. A SEPARATE COMPREHENSIVE INDEMNITY MUST BE SIGNED. SCMCC MEMBERS AND EXECUTIVE RESERVE THE RIGHT TO REFUSE ENTRY AT THEIR DISCRETION AT ANY TIME

All Members are reminded that Trail Riding Is Not A Race and Participants Are To Ride at Their Own Pace.

Rider Name:		Signature:	
Address:			
Phone No:		_ E-mail :	
Parent/Guardian signature & N	ame if unde	r 18:	
Ambulance/Health Insurance Co	over Provide	er:	
Emergency Contact Name & ph	one number	:	
Amount included (Inclusive of fu	iel etc.) <u>S</u>	ENIORS: \$230.00 🛛	<u>JUNIOR :</u> \$150.00 🖵
Financial Member of SCMCC You must be a financial member to participate in this trail ride	: Yes□		membership form and pay fee to ubhouse most Tuesdays, 7.30 pm
<u>Membership Type:</u> Senior	Family 🗖 J	Junior 🛛 Associate	Associate membership is valid for one ride only in a year
Non Members must fill out a memb	-	d pay the applicable meml tion form per rider	pership fee prior to nominating

