



LITTLE BROWN JUG ENDURO

62ND ANNUAL LBJ UNION SC SEPT 6, 2015

RESTART FORMAT NO TIMEKEEPING REQUIRED

NEW LOCATION NEW TRAILS



ENTRY FEE \$60 PRE-ENTRY CUT-OFF AUGUST 21 NO ROW CHANGES NO REFUNDS

AMA MEMBERSHIP REQUIRED SETRA OR FTR MEMBERSHIP REQUIRED (AL FL GA NC SC TN RESIDENTS)

AMA, SETRA, FTR MEMBERSHIPS AVAILABLE AT SIGNUP setra.org floridatrailriders.org americanmotorcyclist.com

1 DAY SETRA MEMBERSHIP AVAILABLE 1DAY MEMBERS MUST ENTER AA, A, OR SPORTSMAN/1DAY CLASS

MINIMUM RIDER AGE 15 YEARS RIDERS UNDER 18 MUST BE ACCOMPANIED BY PARENT/LEGAL GUARDIAN

TECH INFO USFS APPROVED SPARK ARRESTER REQUIRED

COURSE INFO 60+ MILES AMPLE RESETS PUBLIC ROADS WILL BE USED MOVING VIOLATIONS (SPEEDING, RECKLESS DRIVING ETC.) WILL RESULT IN CITATION AND DISQUALIFICATION WITH NO REFUND

START LOCATION 2833 Buffalo-West Springs Hwy UNION SC SC 215 16 MILES NORTH EAST OF I26 EXIT 44

INFO FOR ROW & HOW-TO: greenvilleenduroriders.com GENERAL INFO: PHIL ELLISS 864901-6337

AL YOUNG 864-833-3524 ROW INFO: Chris Poole INFO@GREENVILLEENDURORIDERS.COM

SIGNUP/RIDER PACKS SATURDAY 3:00PM-6:00PM SUNDAY 7:00AM-8:30AM NO ROW CHANGES

RIDER PACKS NOT CLAIMED BY 8:30AM WILL BE SOLD NO REFUNDS

KEY TIME 9:00AM RIDERS MEETING 8:30AM

PRIMITIVE CAMPING AVAILABLE AT START MOTEL AND RESTURANT INFO AT unionsc.info

MAKE CHECKS PAYABLE TO/SEND ENTRY TO GREENVILLE ENDURO RIDERS 108 NOTTINGHAM COURT, EASLEY, SC 29640



Union County Chamber of Commerce

NAME _____ AGE _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____

AMA# _____ SETRA# _____ FTR# _____ ROW REQUESTED _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

CIRCLE CLASS



CLUB USE ONLY
CLASS
ROW



RIDERS ENTERING ON 1 DAY MEMBERSHIPS MUST ENTER ONE OF THE FOLLOWING (CIRCLE CLASS)

I do hereby agree to conform and comply with the rules for competition as published by the AMA, SETRA, FTR and any supplemental rules set forth by the Greenville Enduro Riders Assn. I further agree to hold blameless the AMA, SETRA, FTR, Greenville Enduro Riders Assn., the Contest Committee, all owners of the premises or any officials of the event for any loss or injury to myself or my equipment, nor jointly or solely responsible for any accident in which I become involved by reason of my participation in this motorcycle endurance race, before during or after. I attest that I have adequate health insurance to participate in this event. My signature on this document confirms that I have read, understand, and will abide by this release.

RIDER SIGNATURE _____



PARENT OR GUARDIAN IF RIDER IS UNDER AGE 18 _____