

**THE ENDURO RIDERS ASSOCIATION PRESENTS
13th Annual Leroy Winters Memorial ISDT Reunion
October 2, 3, 4 2009**



Location: Vinton County Jr. Fairgrounds McArthur, Ohio 45651

Location : Vinton County Jr fairgrounds GPS Coordinates N 39 deg 16.087' W 082 deg 28.502
 Requirements: AHRMA membership (weekend AHRMA membership available at sign-up for \$10.00)
 Tech requirements: Headlight, Taillight, & License Plate mounted to rear fender, Silencer/Spark Arrestor.
 AHRMA Safety Requirements (see AHRMA rulebook)
 All motorcycles (except ISDT/E vets) must be AHRMA Vintage or Post-Vintage legal

Schedule:

Friday	Registration 1:00pm-8:00pm	Saturday	Riders Meeting 8:15am	Sunday	Riders Meeting 8:15am
	Tech inspection 5:00pm-9:00pm		Impound Open 8:45am		Impound Open 8:45am
	Impound Close 9:00pm		Key Time 9:00am		Key Time 9:00am

Banquet reservations to be made separately at www.enduroriders.com under banquet info \$ 30.00 each
Pre-Entry Deadline 9-13-09 ENTRY \$110.00 INCLUDES T-SHIRT POST ENTRY \$130.00 NO SHIRT

AHRMA # _____ Age _____ T-Shirt Size _____

Name _____ Address _____

City _____ State _____ Country _____ Zip _____ Phone No. _____

Team Name _____ Team Rider Names _____

ISDT Veteran (Yes/No) _____ Year _____ Country _____ Vinduro Name _____

Riders you wish to be on your riding minute _____

Class	Year	Machine Brand	CC	Nov	Int	Exp
ISDT/E Modern						
Premier						
Classic						
Sportsman 100						
Sportsman 200						
Sportsman Open						
Vintage +50						
Vintage +60						
Vintage +70						
Historic 200						
Historic Open						
Post-Vintage 200						
Post-Vintage Open						
Post-Vintage +50						
Post-Vintage +60						
Post-Vintage +70						

I, the undersigned, hereby agree, in entering this event, to forever release and discharge the Enduro Riders Association and its officers and members, the American Historic Racing Motorcycle Association and its officers and members, all other participants in the event, and all persons over whose property the event may pass, from any and all loss, injury, expense, damage, cause of action, or any claim whatsoever, which I may suffer or sustain, or which may arise out of or in connection with the event and my participation therein. I fully understand the requirements of event participation, agree to abide by the stated rules for competition and declare that I am competent to enter this event and do so with full knowledge of the dangerous nature of participation and its inherent risk of physical injury.

Signature _____

Date _____

SEND YOUR COMPLETED ENTRIES TO: make checks out to AHRMA. EVENT INFO :

AHRMA: 309 Buffalo Run, Goodlettsville, TN 37072

Email sbarber1@att.net

FAX: 615-420-6438

Email teddy@tlanders.com

SCAN & E-MAIL: dwlamberth@comcast.net

Your entry will be confirmed.

614-891-1369 no calls after 9:00pm EDT

Mastercard / Visa _____ Exp date _____ 3 Digit V-code on back of card _____