

Division _____

Contestant Number _____

County _____

Contestant Name _____

Score _____

BICYCLE SINGLE OBSTACLE TEST*Scorecard*

<u>Infraction</u>	<u>Number of times</u>		<u>Penalty Points</u>
1. Touching foot to the ground	_____	x 5	_____
2. Hitting an obstacle	_____	x 2	_____
3. Having either tire touch or pass over borderline	_____	x 2	_____
4. Passing obstacle on wrong side	_____	x 5	_____
5. <i>Not</i> using both hands on handlebars	_____	x 5	_____
6. Skidding wheel	_____	x 10	_____
7. Safety infraction (any safety infraction not covered above)	_____	x 10	_____
8. Other (Explain: _____)	_____	x 5	_____
TOTAL			_____

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TOTAL			_____