



2016 EVENT / INSURANCE STATEMENT

Non-Road Race Activities (Non-Territorial Clubs) Permit issued by ACU HQ

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, CV21 2YX, Tel: 01788 566400, Fax: 01788 573585 E-mail admin@acu.org.uk

This form, together with the appropriate payment, should be forwarded within **14 days** of the meeting to the ACU at the above address.

Event name / title:		Venue:	
Club / Organiser:		Date of event:	
Status of event:		Permit No: ACU	
Type of event:	Motocross <input type="checkbox"/> Grass Track <input type="checkbox"/> Trial <input type="checkbox"/> Test Day <input type="checkbox"/>	Supercross <input type="checkbox"/> Sand Race <input type="checkbox"/> Arena Trial <input type="checkbox"/> Other (please state):	Beachcross <input type="checkbox"/> Enduro <input type="checkbox"/> Bike Trial <input type="checkbox"/> Youth MX / BYMX <input type="checkbox"/> Hare & Hounds <input type="checkbox"/> Road Trial <input type="checkbox"/>

Duration of event: day(s)	Number of signed-on Officials:		
	Riders aged 16 years and over:	@	£ £
	Passengers aged 16 years and over:	@	£ £
	Riders aged under 16 years:	@	£ £
	Passengers aged under 16 years:	@	£ £
	Trials Riders Assistants (see notes):	@	£ £
LESS 1.5% EXPENSES:			£
Foreign riders and passengers without Start Permission or evidence of FIM cover:	@	£ 80.00 £
Foreign riders and passengers participating in Trials only without Start Permission or evidence of FIM Cover:	@	£ 20.00 £
Foreign riders and passengers with Start Permission and evidence of FIM cover: <i>(foreign riders with official start permission from their FMN (including MCUI) pay normal per capita rates)</i>	@	£ £
Contractual Liability cover beyond policy limits:			£
INSURANCE TOTAL:			£
CLAIMS CONTINGENCY & LEGAL EXPENSES FUND		@ 50p £
Total number of adult and youth riders and passengers:			
TRIALS ONLY - Trials Subscription Fee (Levy)		@ £ 2.00 £
Total number of adult and youth riders and passengers:			
TOTAL PAYMENT : (Cheque to be made payable to ACU Ltd)			£

AUTHORISATION (to be signed by Secretary of the Meeting and a Steward of the Meeting)

Secretary of the Meeting: Signature: Date:

Address:

Details confirmed as correct by Steward: -

Steward: Signature: Date:

office

If paying by Bank transfer, our bank details are : Sort Code No: 30-97-17 Account No: 00665774 Tick

If payment is to be taken using a credit / debit card, please enter details:

Card number:

Expiry date: Issue no : date: Last 3 digits on signature panel:

Billing Address - First Line Town Post Code

Cardholder's name: Cardholder's signature: