## 2016 EVENT / INSURANCE STATEMENT Non-Road Race Activities (Local 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:	ent: Permit No: <b>ACU</b>					
Type of event: Motocross Grass Track Trial	Supercross Sand Race Arena Trial	Beachcro Endu Bike Tr	iro	Youth MX / BYMX Hare & Hounds Road Trial		
Test Day	Day Other (please state):					
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	er 16 years:	@ £		£	
	Trials Riders Assistant	s (see notes):	@ £		£	
	Other:		@ £		£	
Foreign riders and passengers without Start Permission or evidence of FIM cover: @ £ 80.00 £					£	
Foreign riders and passengers participating in <u>Trials only</u> without Start Permission or £20.00 £						
Foreign riders and passengers with Start Permis (foreign riders with official start permission from their FMN			@ £		£	
Contractual Liability cover beyond policy limits:					£	
			INSURA	NCE TOTAL:	£	
CLAIMS CONTINGENCY & LEGAL EXPENSES FUND  Total number of adult and youth riders and passengers:  50p					£	
TRIALS ONLY - Trials Subscription Fee (Levy) @ £ 2.00 £						
TOTAL PAYMENT ENCLOSED: (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:		Da	ate:		
Address:						
Email: Telephone						
Details confirmed as correct by Steward: -						
Steward: Date: 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: Iss	ue no : Start	date: La	ast 3 digits on si	ignature panel:		
Billing Address - First Line Town Post Code						
Cardholder's name:	C	ardholder's signature:				