



2016 SUPPLEMENTARY INSURANCE FEE FOR BASIC PERMITS Non-Road Race Activities (Local Clubs)

Permit issued by ACU HQ

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

Having already paid £699 for a Basic one day event or £920 for a Basic two day event, I understand that:

For Events with less than 80 competitors, a rebate will be paid by ACU Head Office on receipt of this Event Return.
For Events with more than 90 competitors, a supplementary fee is to be paid by the Club/Organiser to ACU Head Office within 7 days of the completion of that event.
For those Events planned for more than 200 competitors, the Club/Organiser is to contact ACU Head Office regarding Insurance Premiums.

Event name / title:

Club / Organiser: Centre:

Venue: Date of event:

This is the Supplementary Event form for Permit No: **ACU**

Type of event: **Motocross** **Grass Track** **Enduro** **Hare &Hounds**

Other (please state):

No. of Competitors	Motocross	Grass Track	Enduro/H&H
60 or Less	£150 Rebate	£150 Rebate	£105 Rebate
61-70	£100 Rebate	£100 Rebate	£70 Rebate
71-80	£50 Rebate	£50 Rebate	£35 Rebate
81-90	0	0	0
91-200	£1.50 per head	£1.50 per head	£1.50 per head

Number of Competitors at Event	No of Competitors over an Entry of 90 the Organiser	
(please enclose a copy of the Rider Signing On Sheets)	has to pay Supplementary Fee to ACU Head Office	£.....
	Rebate payable to Club/Organiser	£.....

Foreign Riders and Passengers without Start Permission or evidence of FIM Cover:@	£80.00	£
Foreign Riders and Passengers with Start Permission and evidence of FIM Cover:@	£.....	£.....
Contractual Liability cover beyond policy limits:			£.....

REBATE – Cheque to be made payable to:

Address:

Or by Bank Transfer to: Sort code No: Account No:

AUTHORISATION (to be signed by Secretary of the Meeting)

Secretary of the Meeting: Signature: Date:

Address:

..... Email:

.....office

If paying by Bank Transfer, our banks details are: Sort Code No: 30-97-17 Account No: 00665774 (Tick here)

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

Card number:

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

Billing Address – First Line Town: Post Code:.....

Cardholder's name: Cardholder's signature: