



# 2018 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: .....		Permit No: <b>ACU</b> .....																	
Type of event:	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Motocross</b> <input type="checkbox"/></td> <td style="width: 25%;"><b>Supercross</b> <input type="checkbox"/></td> <td style="width: 25%;"><b>Beachcross</b> <input type="checkbox"/></td> <td style="width: 25%;"><b>Youth MX / BYMX</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Grass Track</b> <input type="checkbox"/></td> <td><b>Sand Race</b> <input type="checkbox"/></td> <td><b>Enduro</b> <input type="checkbox"/></td> <td><b>Hare &amp; Hounds</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Trial</b> <input type="checkbox"/></td> <td><b>Arena Trial</b> <input type="checkbox"/></td> <td><b>Bike Trial</b> <input type="checkbox"/></td> <td><b>Road Trial</b> <input type="checkbox"/></td> </tr> <tr> <td><b>Test Day</b> <input type="checkbox"/></td> <td colspan="3"><b>Other (please state):</b> .....</td> </tr> </table>	<b>Motocross</b> <input type="checkbox"/>	<b>Supercross</b> <input type="checkbox"/>	<b>Beachcross</b> <input type="checkbox"/>	<b>Youth MX / BYMX</b> <input type="checkbox"/>	<b>Grass Track</b> <input type="checkbox"/>	<b>Sand Race</b> <input type="checkbox"/>	<b>Enduro</b> <input type="checkbox"/>	<b>Hare &amp; Hounds</b> <input type="checkbox"/>	<b>Trial</b> <input type="checkbox"/>	<b>Arena Trial</b> <input type="checkbox"/>	<b>Bike Trial</b> <input type="checkbox"/>	<b>Road Trial</b> <input type="checkbox"/>	<b>Test Day</b> <input type="checkbox"/>	<b>Other (please state):</b> .....				
<b>Motocross</b> <input type="checkbox"/>	<b>Supercross</b> <input type="checkbox"/>	<b>Beachcross</b> <input type="checkbox"/>	<b>Youth MX / BYMX</b> <input type="checkbox"/>																
<b>Grass Track</b> <input type="checkbox"/>	<b>Sand Race</b> <input type="checkbox"/>	<b>Enduro</b> <input type="checkbox"/>	<b>Hare &amp; Hounds</b> <input type="checkbox"/>																
<b>Trial</b> <input type="checkbox"/>	<b>Arena Trial</b> <input type="checkbox"/>	<b>Bike Trial</b> <input type="checkbox"/>	<b>Road Trial</b> <input type="checkbox"/>																
<b>Test Day</b> <input type="checkbox"/>	<b>Other (please state):</b> .....																		

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):	..... @	£ .....	£ .....
	Other:	..... @	£ .....	£ .....

Foreign riders and passengers without Start Permission or evidence of FIM cover:	..... @	£	£ .....
Foreign riders and passengers participating in <b>Trials only</b> without Start Permission or evidence of FIM Cover:	..... @	£	£ .....
Foreign riders and passengers with Start Permission and evidence of FIM cover: <i>(foreign riders with official start permission from their FMN (including MCUI) Organisers pay normal per capita rates)</i>	..... @	£	£ .....
<b>Contractual Liability cover beyond policy limits:</b>			£ .....

**INSURANCE TOTAL:** £ .....

<b>CLAIMS CONTINGENCY &amp; LEGAL EXPENSES FUND</b>	..... @	<b>50p</b>	£ .....
Total number of adult and youth riders and passengers:			

<b>TRIALS ONLY - Trials Subscription Fee (Levy)</b>	..... @	<b>£ 2.00</b>	£ .....
Total number of adult and youth riders and passengers:			

**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: ..... Date: .....

Address: .....

Email: ..... Telephone: .....

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:   Start date:     Last 3 digits on signature panel:

Billing Address - First Line ..... Town ..... Post Code .....

Cardholder's name:  Cardholder's signature: