



2018 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"/>	Supercross <input type="checkbox"/>	Beachcross <input type="checkbox"/>
	Grass Track <input type="checkbox"/>	Sand Race <input type="checkbox"/>	Enduro <input type="checkbox"/>
	Trial <input type="checkbox"/>	Arena Trial <input type="checkbox"/>	Bike Trial <input type="checkbox"/>
	Test Day <input type="checkbox"/>	Other (please state):	
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:		@	£ £
Foreign riders and passengers participating in Trials only 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) 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:

If paying by Bank transfer, our bank details are : Sort Code No: 30-97-17 Account No: 00665774		Tick <input type="checkbox"/>
If payment is to be taken using a credit / debit card, please enter details:		
Card number:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Expiry date:	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Issue no :	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	date: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Last 3 digits on signature panel:		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Billing Address - First Line	Town	Post Code
Cardholder's name:	Cardholder's signature:	