



# 2019 EVENT / INSURANCE STATEMENT

## Non-Road Race Activities (Local Clubs)

Permit issued by Local Centre

This form, together with the appropriate payment (made payable to the Local Centre), must be forwarded within **14 days** of the meeting to the Local Centre Secretary / Permit Secretary / Treasurer at:

**Address:**

Event name / title: .....

Club / Organiser: ..... Centre: .....

Venue: ..... Date of event: .....

Status of event: ..... Permit No: **ACU**.....

Type of event:

<b>Motocross</b> <input type="checkbox"/>	<b>Beachcross</b> <input type="checkbox"/>	<b>Youth MX / BYMX</b> <input type="checkbox"/>	<b>Hare &amp; Hounds</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>Road Trial</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>Test Day</b> <input type="checkbox"/>	<b>Other (please state):</b> .....		

Duration of event: ..... day(s)

Number of signed-on Officials and Assistants: .....

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):	..... @	£ .....	£ .....
<b>Youth MX events only:</b>			
BYMX Competition Licence holders:	..... @	£ .....	£ .....
Others:	..... @	£ .....	£ .....

**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 or evidence of FIM cover:** ..... @ £ .....

*(foreign riders with official start permission from their FMN (including MCUI) pay normal per capita rates)*

**Contractual Liability cover beyond policy limits:** £ .....

**INSURANCE TOTAL: £ .....**

**CLAIMS CONTINGENCY & LEGAL EXPENSES FUND** ..... @ 50p £ .....

**Total number of adult and youth riders & passengers:**

**EVENT PAYMENTS DUE (where applicable)**

**Subscription / Levy:**

ACU Trials Subscription Fee (Levy)	..... @	£ 2.00	£ .....
Centre Riders Levy	..... @	£ .....	£ .....

**Others:**

Permit Fee			£ .....
Dates Deposit			£ .....
Steward's Fee			£ .....
Sound Inspector's Fee			£ .....
MOD Land Hire Fee			£ .....
Gazette Publication Fee			£ .....
Other Charges	.....		£ .....

**TOTAL OF EVENT PAYMENTS ENCLOSED: £ .....**

**TOTAL PAYMENT ENCLOSED (cheque to be made payable to Local Centre) : £ .....**

**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: .....

**SERIOUS ACCIDENT REPORTING: Gary Thompson MBE BEM (07976 548375)**