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 ☐	**Supercross** ☐	**Beachcross** ☐	**Youth MX / BYMX** ☐
Grass Track ☐	**Sand Race** ☐	**Enduro** ☐	**Hare & Hounds** ☐
Trial ☐	**Arena Trial** ☐	**Bike Trial** ☐	**Road Trial** ☐
Test 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 16 years:	.... @	£	£ ....
Trials Riders Assistants (see notes):	.... @	£	£ ....
Other:	.... @	£	£ ....

Foreign riders and passengers with Start Permission and evidence of FIM cover: .... @ £   £ ....
(foreign riders with official start permission from their FMN (including MCUI) Organisers 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 and passengers:

TRIALS ONLY - Trials Subscription Fee (Levy)   .... @ **£ 2.00** **£** ....
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: ....

SERIOUS ACCIDENT REPORTING - Gary Thompson MBE BEM (07976 548375)   FORM A2 HQ Clubs - 2020