



# 2020 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:

<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): .....	@	£ .....	£ .....
<b>LESS 1.5% EXPENSES:</b>			<b>£ .....</b>	
<b>Foreign riders and passengers with Start Permission and evidence of FIM cover:</b> .....				
<i>(foreign riders with official start permission from their FMN (including MCUI) pay normal per capita rates)</i> .....				
<b>Contractual Liability cover beyond policy limits:</b> .....				
<b>INSURANCE TOTAL:</b>				<b>£ .....</b>
<b>CLAIMS CONTINGENCY &amp; LEGAL EXPENSES FUND</b> .....				
Total number of adult and youth riders and passengers: .....				
<b>TRIALS ONLY - Trials Subscription Fee (Levy)</b> .....				
Total number of adult and youth riders and passengers: .....				
<b>TOTAL PAYMENT:</b>				<b>£ .....</b>
(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

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

Card number:

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

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

Cardholder's name:  Cardholder's signature: