



2021 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:	Motocross <input type="checkbox"/>	Beachcross <input type="checkbox"/>	Youth MX / BYMX <input type="checkbox"/>	Hare & Hounds <input type="checkbox"/>
	Grass Track <input type="checkbox"/>	Sand Race <input type="checkbox"/>	Enduro <input type="checkbox"/>	Road Trial <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):		

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): @	£	£
Youth MX events only:	BYMX Competition Licence holders: @	£	£
	Others: @	£	£

Foreign riders and passengers with Start Permission or 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			
Total number of adult and youth riders & passengers: @	50p	£

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)