



2021 EVENT / INSURANCE STATEMENT

Non-Road Race Activities (Local 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"/> Grass Track <input type="checkbox"/> Trial <input type="checkbox"/> Test Day <input type="checkbox"/>	Supercross <input type="checkbox"/> Sand Race <input type="checkbox"/> Arena Trial <input type="checkbox"/> Other (please state):	Beachcross <input type="checkbox"/> Enduro <input type="checkbox"/> Bike Trial <input type="checkbox"/>
			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):	@ £ £
Other:	@ £ £

Foreign riders and passengers with Start Permission and evidence of FIM cover: @ £ £ <small>(foreign riders with official start permission from their FMN (including MCUI) Organisers pay normal per capita rates)</small>
Contractual Liability cover beyond policy limits: £

INSURANCE TOTAL: £

CLAIMS CONTINGENCY & LEGAL EXPENSES FUND @ 50p £ Total number of adult and youth riders and passengers:
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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 one other Official of the Meeting)

Secretary of the Meeting: Signature: Date:

Address:

Email: Telephone:

Details confirmed as correct by Official: -

Official: Signature: Date:

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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: