2021 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:

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):	…………. @	£ ………….	£ ………….

LESS 1.5% EXPENSES: **£** ………….

Foreign riders and passengers with Start Permission and 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 and passengers:

TRIALS ONLY   - Trials Subscription Fee (Levy) …………. @ **£ 2.00** **£** ………….
Total number of adult and youth riders and passengers:

TOTAL PAYMENT: (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: ………………………..

--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: ☐☐   date: ☐☐☐☐   Last 3 digits on signature panel: ☐☐☐

Billing Address - First Line   Town   Post Code

Cardholder's name: [blank]   Cardholder's signature: [blank]

SERIOUS ACCIDENT REPORTING - Gary Thompson MBE BEM (07976 548375)