



## 2015 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: <b>ACU</b> .....	
Type of event:	<b>Motocross</b> <input type="checkbox"/>	<b>Supercross</b> <input type="checkbox"/>	<b>Beachcross</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>Trial</b> <input type="checkbox"/>	<b>Arena Trial</b> <input type="checkbox"/>	<b>Bike Trial</b> <input type="checkbox"/>
	<b>Test Day</b> <input type="checkbox"/>	<b>Other (please state):</b> .....	
<b>Youth MX / BYMX Hare &amp; Hounds Road Trial</b> <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): .....	@ £ ..... £ .....

**LESS 1.5% EXPENSES: £ .....**

<b>Foreign riders and passengers without Start Permission or evidence of FIM cover:</b> .....	@ £ 80.00	£ .....
<b>Foreign riders and passengers participating in Trials only without Start Permission or evidence of FIM Cover:</b> .....	@ £ 20.00	£ .....
<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> .....		£ .....

**INSURANCE TOTAL: £ .....**

<b>CLAIMS CONTINGENCY &amp; LEGAL EXPENSES FUND</b> .....	@ 50p	£ .....
Total number of adult and youth riders and passengers:		

<b>TRIALS ONLY - Trials Subscription Fee (Levy)</b> .....	@ £ 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:  Cardholder's signature: