



2015 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"/>	Supercross <input type="checkbox"/>	Beachcross <input type="checkbox"/>
	Grass Track <input type="checkbox"/>	Sand Race <input type="checkbox"/>	Enduro <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):	
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 without Start Permission or evidence of FIM cover:	@ £ 80.00	£
Foreign riders and passengers participating in Trials only without Start Permission or evidence of FIM Cover:	@ £20.00	£
Foreign riders and passengers with Start Permission and evidence of FIM cover:	@ £	£
<i>(foreign riders with official start permission from their FMN (including MCUI) Organisers pay normal per capita rates)</i>		
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 ENCLOSED: (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:

Email : Telephone

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 : Start date: Last 3 digits on signature panel:

Billing Address - First Line Town Post Code

Cardholder's name: Cardholder's signature: