



# 2015 SUPPLEMENTARY INSURANCE FEE FOR BASIC PERMITS Non-Road Race Activities (Local Clubs)

Permit issued by ACU HQ

Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX  
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

**Having already paid £699 for a Basic one day event or £920 for a Basic two day event, I understand that:**

For Events with less than 80 competitors, a rebate will be paid by ACU Head Office on receipt of this Event Return.  
For Events with more than 90 competitors, a supplementary fee is to be paid by the Club/Organiser to ACU Head Office within 7 days of the completion of that event.  
For those Events planned for more than 200 competitors, the Club/Organiser is to contact ACU Head Office regarding Insurance Premiums.

Event name / title: .....

Club / Organiser: ..... Centre: .....

Venue: ..... Date of event: .....

This is the Supplementary Event form for Permit No: **ACU** .....

Type of event: **Motocross**  **Grass Track**  **Enduro**  **Hare & Hounds**

**Other** (please state): .....

No. of Competitors	Motocross	Grass Track	Enduro/H&H
60 or Less	£150 Rebate	£150 Rebate	£105 Rebate
61-70	£100 Rebate	£100 Rebate	£70 Rebate
71-80	£50 Rebate	£50 Rebate	£35 Rebate
<b>81-90</b>	<b>0</b>	<b>0</b>	<b>0</b>
91-200	£1.50 per head	£1.50 per head	£1.50 per head

<b>Number of Competitors at Event</b> .....	<b>No of Competitors over an Entry of 90 the Organiser</b>	
(please enclose a copy of the Rider Signing On Sheets)	<b>has to pay Supplementary Fee to ACU Head Office</b>	£.....
	<b>Rebate payable to Club/Organiser</b>	£.....

<b>Foreign Riders and Passengers without Start Permission or evidence of FIM Cover:</b>	.....@	<b>£80.00</b>	£ .....
<b>Foreign Riders and Passengers with Start Permission and evidence of FIM Cover:</b>	.....@	£.....	£.....
<b>Contractual Liability cover beyond policy limits:</b>			£.....

REBATE – Cheque to be made payable to: .....

Address: .....

Or by Bank Transfer to: Sort code No: ..... Account No: .....

**AUTHORISATION** (to be signed by Secretary of the Meeting)

Secretary of the Meeting: ..... Signature: ..... Date: .....

Address: .....

..... Email: .....

.....office

If paying by Bank Transfer, our banks details are: Sort Code No: 30-97-17 Account No: 00665774 (Tick here)

If payment is to be taken using a credit/debit card, please enter details below:

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: