



2022 EVENT / INSURANCE STATEMENT

Non-Road Race Activities (Local Clubs)

Permit issued by Local Centre

This form, together with the appropriate payment (made payable to the Local Centre), must be forwarded within **14 days** of the meeting to the Local Centre Secretary / Permit Secretary / Treasurer at:

Address:

Event name / title:

Club / Organiser: Centre:

Venue: Date of event:

Status of event: Permit No: **ACU**.....

Type of event:

Motocross	<input type="checkbox"/>	Beachcross	<input type="checkbox"/>	Youth MX / BYMX	<input type="checkbox"/>	Hare & Hounds	<input type="checkbox"/>
Grass Track	<input type="checkbox"/>	Sand Race	<input type="checkbox"/>	Enduro	<input type="checkbox"/>	Road Trial	<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):					

Duration of event: day(s)

Number of signed-on Officials and Assistants:

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): @	£	£
Youth MX events only:			
BYMX Competition Licence holders: @	£	£
Others: @	£	£

Foreign riders and passengers with Start Permission or 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

Total number of adult and youth riders & passengers: @ **50p** £

EVENT PAYMENTS DUE (where applicable)

Subscription / Levy:

ACU Trials Subscription Fee (Levy) @	£ 2.00	£
Centre Riders Levy @	£	£

Others:

Permit Fee			£
Dates Deposit			£
Steward's Fee			£
Sound Inspector's Fee			£
MOD Land Hire Fee			£
Gazette Publication Fee			£
Other Charges		£

TOTAL OF EVENT PAYMENTS ENCLOSED: £

TOTAL PAYMENT ENCLOSED (cheque to be made payable to Local Centre) : **£**

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:

SERIOUS ACCIDENT REPORTING: Neil Doctor (01788 566434)