

MOTORCYCLE SPORT EVENT ENTRY FORM

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	Tel. 01766 566400 Fax. 01766 573565 E-Mail. admin@acu.org.uk
Event:	Organisers:
Venue:	Date of Event:
Permit No:	Course Lic/Cert No. (where applicable):
This event is held under the National Sporting Code of the Auto-Cyc and any Final Instructions The ACU National Sporting Code and Standing Regula	issued for the meeting.
Entry declaration: I / we the undersigned apply to enter the event describ	ed above and in consideration thereof:-
 I / we hereby declare that I / we have had the opportunity to read, and the Standing Regulations, such Supplementary Regulations as have or may 	
\bullet I / we further declare that I am / we are physically and mentally fit to take	part in the event and I am / we are competent to do so.
• I / we confirm that I / we understand the nature and type of event we are notwithstanding that such risks may involve negligence on the part of the	
• I / we confirm that the machine(s) as described below which I / we compe	ete on shall be suitable and proper for the purpose.
I / we confirm that if any part of the event takes place on a public highway Road Traffic Acts, or equivalent legislation, and that it / they will comply we	
 I / we agree that I am / we are required to register our arrival by "signing of commencement of my/our practice or first competition, whichever occurs 	
● I / we enclose the entry fee of: £	
Acknowledgement of the risks of motorsport: I / we understand that becoming permanently disabled or suffering some other serious injury and I / ACU, the promoter, the organising club, the venue owner, or any individual caserious injury I / we may suffer, the dominant cause of any serious injury will a serious injury will a serious injury I / we may suffer, the dominant cause of any serious injury will a serious will a serious will a serious will be a serious will a serious will be	we acknowledge that even in the event that negligence on the part of the arrying out duties on their behalf were to be a contributory cause of any
I / we have read the above and acknowledge that my / our participation in mo	
Rider's signature:	
Passenger's signature:	If under 18 state date of birth*:
* For riders and passengers under 18 years of age - I accept the above cond	litions of entry to this event and give my approval:-
Circulture of account or account with accounted account in the	
Signature of parent or person with parental responsibility:	
RIDER Surname:	CLASS AND ROUTE
	(Refer to Supplementary Regulations)
First name(s):	Please circle or highlight your current grading
Address:	Expert / Intermediate / Novice / Youth A / Youth B / Youth C / Youth D
Postcode:Tel:	Please circle or highlight the Class that you are entering
ACU Licence / Registration No:	Class 1 Adult open Class 2 Adult Over 40
Name of ACU Affiliated Club (of which I am a member):	Class 3 Adult Over 50 Class 4 Adult Over 60 Class 5 Youth A Class 6 Youth B Class 7 Youth C
Email:	Please circle or highlight the route that you wish to ride
I have/have not enclosed a SAE for copy of the results.	Expert / Clubman Expert / Clubman / Sportsman
Results of Western Centre Open Trials will be posted on the Website (www.acuwesterncentre.org.uk)	
MACHINE	AWARDS_Please circle or highlight your choice
Type / Class:	If I am fortunate enough to win a replica award I would like to;-
Make:	A Receive a replica award
Capacity:cc Stroke:mm	B Allow the organising club to make an equivalent donation to the ACU Benevolent fund
Riding No. preferred: (where option is available)	AGO Dellevoletit tuttu

