RIDERS & PASSENGERS SIGNING-ON FORM

Adults Only

ACU and The Auto-Cycle Union are trading names of The Auto-Cycle Union Limited registered under Company No. 00134679;
Registered Office: ACU House, Wood Street, Rugby, Warwickshire CV21 2YX
Tel: 01788 566400 Fax: 01788 573585 E-mail: admin@acu.org.uk

Event: …… Organisers: ……..……

Venue: ……..……..

Permit No: ……..…….. Date of Event: ……

Declaration

- In consideration of being permitted to participate in this event I declare that I will be bound by the declaration on the event entry form.
- I also acknowledge and accept the Risks of Motorsport as shown on the said entry form.
- I give permission for details of any injuries I may suffer during this event to be given to the Clerk of the Course.
- I/we confirm that I/we are eligible to compete on the machines for which I/we have entered.
- I/we confirm that I/we are not suspended or my/our ACU Licence has not been suspended/withdrawn from any ACU competition.

NO.	NAME	SIGNATURE	NO.	NAME	SIGNATURE

Sheet …….…. of ……..….. *Total number (if sheet complete) 54 competitors* FORM C3-**2010/1**