

2024 MOTORCYCLE SPORT EVENT ENTRY FORM

Road Race, Drag. Sprint, Hillclimb & Supermoto Events

AUTO CYCLE UNION BIKESPORT QB	Auto-Cycle Union Ltd, ACU House, Wood Street, Rugby, Warwickshire CV21 2YX Tel: 01788 566400 E-mail: admin@acu.org.uk
Event: HILLCLIMB	Organisers: NHCA
Venue: CURBOROUGH	Date of Event:26/05/2024
Permit No:202657	Course Lic/Cert No. (where applicable):045b
This event is held under the National Sporting Code of the Auto-Cycle Union, the Standing Regulations, Supplementary Regulations and any Final Instructions issued for the meeting. The ACU National Sporting Code and Standing Regulations are published annually in the ACU Handbook. ENTRY DECLARATION: I the undersigned apply to enter the event described above and in consideration thereof: 1 hereby declare that I have had the opportunity to read, and that I understand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary Regulations as have or may be issued for the event, and agree to be bound by them. 1 declare that I am physically and mentally fit to take part in the event and I am competent to do so. I confirm that I understand the nature and type of event I am entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligience on the part of the organisers or officials. 1 confirm that I am not currently suspended from ACU permitted competition nor on the ACU Stop List as a result of incurring a Concussion injury. 1 accept that insurance arranged on my behalf by the organisers of events that I may enter specifically excite liability between the participants. I understand that this form may be used in litigation as evidence that any scrious injury will be principally the result of my voluntary decision to engage in a high risk activity. 1 consent to the collection and retention of my personal information by the ACU. 1 confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the machines for which I have entered. 1 confirm that the machine(s) as described below which I shall participate on shall be suitable and proper for the purpose. I confirm that I am eligible to participate on the machines for which I have entered and contract the confirmation of the result of the special participate on the machines for which I	
RIDER Surname:	PASSENGER Surname:
First name(s):	First name(s):
Address:	Address:
Post code	Post code
Date of birthTel:	Date of birthTel:
ACU Licence / Registration No:	ACU Licence / Registration No:
Name of your ACU Affiliated Club (of which I am a member):	Name of ACU Affiliated Club (of which I am a member):
Class Entered:	Transponder No
Contact details in case of emergency	
MACHINE	ENTRANT (if different from Rider)
Type / Class:	
Make:	
Capacity:cc Stroke:	mm
Riding No. preferred: (where option is	available) Entrant's Licence No: