



MOTORCYCLE SPORT EVENT ENTRY FORM

(for Off Road ACU Events)

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

Event: ACU BRITISH CROSS COUNTRY CHAMPIONSHIP.....Organisers: Sidcup and District Motor Cycle Club Ltd.

Venue: Canada Heights, Button Street, Swanley, Kent

Date of Event: 1st August 2010

Permit No: ACU 29146

This event is held under the National Sporting Code of the Auto-Cycle Union, the Cross Country 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: -

- I 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.
 - I further 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 we are entering and its inherent risks and agree to accept the same notwithstanding that such risks may involve negligence on the part of the organisers or officials.
 - I confirm that the machine as described below which I compete on shall be suitable and proper for the purpose.
 - I confirm that I am eligible to compete on the machines for which I have entered.
 - I agree that I am required to register our arrival by "signing on" at the designated place prior to commencement of my first competition.
 - I confirm that I am not suspended or my ACU Licence has not been suspended or withdrawn from any ACU competition.
- I enclose the entry fee of: £ 50.00 (plus £5.00 if 'Day' Sidcup membership is wanted, and plus £10.00 if ACU One-Event licence is wanted)

Acknowledgement of the risks of motorsport: I understand that by taking part in this event I am exposed to a risk of death, becoming permanently disabled or suffering some other serious injury and I acknowledge that even in the event that negligence on the part of the ACU, the promoter, the organising club, the venue owner, or any individual carrying out duties on their behalf were to be a contributory cause of any serious injury I may suffer, the dominant cause of any serious injury will always be my voluntary decision to take part in a high risk activity.

I have read the above and acknowledge that my participation in motorsport is entirely at my own risk.

Rider's signature: If **under 18** state date of birth*:

* For riders **under 18** years of age - I accept the above conditions of entry to this event and give my approval:-

Signature of parent or person with parental responsibility:.....

Riders and Passengers under 18 years of age who cannot produce a valid ACU Competition Licence must also complete a 'Parental Agreement form (Single Event)' in addition to this entry form.

RIDER First name and Surname:

Address:

Postcode: 'home' phone.....

Mobile phone:

Email address:

ACU Licence No (put 'DAY' if 1-event licence required)

ACU Affiliated Club of which I am a member (put 'DAY' if you want Sidcup day membership)

PLEASE SEND ENTRIES & CHEQUE TO:

Mr Peter Burrell
40 Annandale Road,
Sidcup, Kent,
DA15 8EL

MAKE CHEQUE for £50 (per entry) PAYABLE TO:
Sidcup and District MCC Ltd.

All riders must enclose ONE stamped, addressed envelope for Programme. Enclose one more **only** if you want results posted to you.

CLASS YOU WISH TO ENTER PLEASE CIRCLE **ONE** CLASS IN **EITHER** THE MORNING OR AFTERNOON EVENT

MORNING EVENT

SPORTSMAN 2-STROKE	SPORTSMAN 4-STROKE	OVER 50	CLUBMAN 2-STROKE	CLUBMAN 4-STROKE
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AFTERNOON EVENT

CHAMPIONSHIP	EXPERT	EXPERT OVER 40	CLUBMAN ELITE
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MACHINE

Make :

Capacity:c.c.

Riding Number preferred:.....
(a 'best match' will be allocated – see Regs for numbers for each class)

ENTRANT (if different from Rider) Licence No:.....

Company / Name:

Address:

.....

Entrant's Signature: