

2023 MOTORCYCLE SPORT EVENT ENTRY FORM

AUTO CYCLE UNION	Road Race, Drag, Sprint, Hillclimb & Supermoto Events
BIKESPORT GB	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:HILLCLIMB	Organisers:NHCA
Venue:TREGREHAN	Date of Event:18/06/2023
Permit No: 200885	Course Lic/Cert No. (where applicable):058
 Instructions issued for the meeting. The ACU National Sporting ENTRY DECLARATION: If the undersigned apply to enter the eventary in the property of the eventary of the e	rstand the National Sporting Code of the ACU, the ACU Standing Regulations, such Supplementary and by them. and I am competent to do so. I confirm that I understand the nature and type of event I am ling that such risks may involve negligence on the part of the organisers or officials. It indoors on the ACU Stop List as a result of incurring a Concussion injury. Into that I may enter specifically excludes liability between the participants. I understand that this participally the result of my voluntary decision to engage in a high risk activity. I between all medical services and the Clerk of the Course. I confirm that I am eligible to participate on the me machine(s) described below shall be insured as required by the Road Traffic Acts, or equivalent of. There is include but are not restricted to (safety clothing, or replacement of any items lost or not returned and non-payment or non-replacement of items include, nor have I been excluded from any ACU competition. In Policy and consent to the collection and retention of my personal information by the ACU. The event taking place, I will not travel to or participate/officiate at the event and will follow Gov.UK There is a contributory cause of any serious injury I intary decision to take part in a high risk activity. The otorsport is entirely at my own risk. I agree that I am required to register on arrival
Rider's signature:	If under 18 state date of birth*:
Passenger's signature:	If under 18 state date of birth*:
* For riders and passengers 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 must also complete a 'Parental Agreement Form' in addition to this entry form. Parental Agreement Forms are available from the organisers and the ACU. Their Parent or Legal Guardian must attend signing on with them and must be available for the duration of the meeting.	
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:	Company / Name:
Make:	
Capacity:cc Stroke:	mm

Riding No. preferred: (where option is available) Entrant's Licence No: