



ISLE OF MAN

FUELLED BY



MØNSTER

E N E R G Y

2011 INTERNATIONAL ISLE OF MAN TOURIST TROPHY RACES

ENTRY FORM

ORGANISED BY ACU EVENTS (ISLE OF MAN) LIMITED UNDER A PERMIT ISSUED BY THE ACU AND IN ACCORDANCE WITH THE ACU NATIONAL SPORTING CODE, IT'S APPENDICES, STANDING REGULATIONS, THE SUPPLEMENTARY REGULATIONS AND ANY FURTHER ANNOUNCEMENTS MADE OR ISSUED.

IMPORTANT INFORMATION:

- THERE IS NO FEE TO ENTER THE 2011 ISLE OF MAN TT RACES
- ENTRIES FOR TT RACES MUST BE RECEIVED BY FRIDAY 28th FEBRUARY 2011
- RIDER AND PASSENGER PHOTOS MUST BE INCLUDED AND MUST INCLUDE NAME AND DATE OF BIRTH ON THE REVERSE. OFFICIAL PASSES WILL NOT BE ISSUED UNLESS PHOTOS ARE INCLUDED
- PLEASE ENSURE ALL REQUIRED SIGNATURES HAVE BEEN INCLUDED
- PLEASE RETURN COMPLETED FORMS TO:

TT Entries
ACU Events Ltd
ACU House
Wood Street
Rugby
Warwickshire CV21 2YX
England

Tel +00441788 566405
Tel +00441788 573585
michelle.haynes@acu.org.uk

The ACU reserves the right to refuse any entry or to forbid the use of any particular machine which it considers inappropriate for racing on the TT course. All machines must be prepared to a high standard of cosmetic appearance. Untidy machines will not be permitted to start in any event.

ENTRY FORM

RIDER / PILOTE

Surname / Nom _____ First Name(s) / Prenom _____ Mr / Mrs / Miss / Ms

Address / Adresse _____

_____ Post Code _____

Home Tel No. _____ Mobile No. _____

Email _____ Fax _____ Date of Birth _____

Nationality _____ Licence No. _____ FIM / National ACU / SACU (please circle)

Marital Status _____ No. of Children (state ages) _____

Home Town / Country (as will appear in the official programme) _____

Isle of Man Address _____

Isle of Man Tel No. _____

Next of Kin _____ Spouse / Partner / Other (please state) _____

Address of Next of Kin During TT _____

Tel No. (day) _____ (evening) _____

PASSENGER / PASSAGER

Surname / Nom _____ First Name(s) / Prenom _____ Mr / Mrs / Miss / Ms

Address / Adresse _____

_____ Post Code _____

Home Tel No. _____ Mobile No. _____

Email _____ Fax _____ Date of Birth _____

Nationality _____ Licence No. _____ FIM / National ACU / SACU (please circle)

Marital Status _____ No. of Children (state ages) _____

Home Town / Country (as will appear in the official programme) _____

Isle of Man Address _____

Isle of Man Tel No. _____

Next of Kin _____ Spouse / Partner / Other (please state) _____

Address of Next of Kin During TT _____

Tel No. (day) _____ (evening) _____

APPROVAL OF FMN (For riders holding International Licences not issued by the ACU / SACU)

Date _____ FMN Stamp _____ Signature _____

DETAILS OF RACES ENTERED

RACE 1 : SUPERBIKE TT RACE

MOTORCYCLE MAKE _____ MODEL _____ YEAR OF MANUFACTURER _____

NO. OF CYLINDERS _____ CC _____ ENGINE NO. _____

FRAME NO. _____ TRANSPONDER I.D. NO. _____

2ND MACHINE? YES / NO

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

RACE 2 AND 6 : SIDECAR TT RACES

MOTORCYCLE MAKE _____ MODEL _____ YEAR OF MANUFACTURER _____

NO. OF CYLINDERS _____ CC _____ ENGINE NO. _____

FRAME NO. _____ TRANSPONDER I.D. NO. _____

2ND MACHINE? YES / NO

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

RACE 3 AND 5 : SUPERSPORT TT RACES

MOTORCYCLE MAKE _____ MODEL _____ YEAR OF MANUFACTURER _____

NO. OF CYLINDERS _____ CC _____ ENGINE NO. _____

FRAME NO. _____ TRANSPONDER I.D. NO. _____

2ND MACHINE? YES / NO

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

ALL RIDERS, PASSENGERS AND ENTRANTS MUST READ AND SIGN THE DECLARATION OVERLEAF

DETAILS OF RACES ENTERED

RACE 4 : SUPERSTOCK TT RACE

MOTORCYCLE MAKE _____ MODEL _____ YEAR OF MANUFACTURER _____

NO. OF CYLINDERS _____ CC _____ ENGINE NO. _____

FRAME NO. _____ TRANSPONDER I.D. NO. _____

2ND MACHINE? YES / NO

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

RACE 7 : TT ZERO RACE

MOTORCYCLE MAKE _____ YEAR OF MANUFACTURER _____

FRAME NO. (IF APPLICABLE) _____ TRANSPONDER I.D. NO. _____

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

RACE 8 : SENIOR TT RACE

MOTORCYCLE MAKE _____ MODEL _____ YEAR OF MANUFACTURER _____

NO. OF CYLINDERS _____ CC _____ ENGINE NO. _____

FRAME NO. _____ TRANSPONDER I.D. NO. _____

2ND MACHINE? YES / NO

TEAM NAME / SPONSOR DETAILS (As it will appear in the Official TT Race Guide)

NAME _____ LICENCE NO. _____

TEL NO. _____ EMAIL _____

ALL RIDERS, PASSENGERS AND ENTRANTS MUST READ AND SIGN THE DECLARATION OVERLEAF

THE TT PRIVATEER CHAMPIONSHIP

The TT Privateer Championship is a new introduction to the TT Races. It allows solo teams and solo riders of independent status to compete with recognition at the highest level in the world's premier closed public roads motorcycle race.

Application for entry must be made to the promoters who will consider each application individually on its own merits using the following criteria:

1. Declaration by the team of no direct manufacturer assistance
2. The known ability of the rider
3. The motorcycle
4. The team operation, resources and structure
5. Other promotable elements e.g. media support

Any rider who has finished within the top 10 in any solo race (apart from TT Zero) at the previous year's TT is ineligible to enter.

The promoter will be the final arbiter regarding rider eligibility and acceptance.

Points will be awarded to the first fifteen finishers in the Superbike, Superstock, Supersport and the Senior TT Races using a world championship points scoring system.

Awards will be made to the first three overall in the championship at the end of the event as follows –

1 st	£2,000
2 nd	£1,000
3 rd	£500

I the undersigned hereby apply to enter the Privateer Championship described above and declare that I nor my team are in receipt of any direct manufacturer assistance:

Rider's Signature _____ Date _____

Entrant's Signature _____ Date _____

BANK DETAILS

Account Name _____

Account Number _____ Sort Code _____

Bank Name and Address _____

SAILING INFORMATION

Sailing From (port) _____ Date _____ Arrival Time _____

Return Sailing To (port) _____ Date _____

Paddock Space Allocation (Mandatory Information)

Please indicate your preferred paddock: Paddock A Paddock B Paddock C Paddock D

PLEASE NOTE: TT Competitors requesting a position in Paddock A or B MUST provide a photo of race transport or awning.

VEHICLE DETAILS

	WEIGHT	LENGTH	WIDTH	MAKE
Transporter				
Van				
Caravan				
Awning	N/A			
Motorcycle	N/A	N/A	N/A	
Scooter	N/A	N/A	N/A	
Trailer	N/A			

Number of adults in your party (including competitors) _____ Children _____

PASS HOLDER DETAILS

By accepting the issue of passes for the 2011 Isle of Man TT, the entrant, competitor and team are deemed to agree to abide by the pass conditions and to undertake the obligation to advise each person to whom a pass is issued of the pass conditions and to ensure the observance thereof.

Passes may only be used to gain access to the areas indicated on the face of it. Any person found within a restricted area without the appropriate pass may be removed from the venue immediately and/or have any pass held by them withdrawn.

Isle of Man TT 2011 passes must not be removed from their official lanyards and must be worn around the neck of the person to whom it is issued so as to remain clearly visible at all times.

The Organisers at all times reserves the right to refuse admission to the venue or access to a designated area to any person, notwithstanding that such person may have been issued with an appropriate pass.

Teams must keep accurate records of the numbers of passes that they issue to guests, this information must be available for audit by ACU Events and/or DED at an event.

ACU Events and/or DED reserve the right to request further proof of identity in addition to a pass. ACU Events issued passes at all times remain the property of ACU Events and may be issued, altered or withdrawn at any time at the absolute discretion of ACU Events.

Rider and team pass allocation will depend on the number of classes entered. The passes will be numbered and referenced for official use and riders and teams will be required to identify their teams pass holders on their entry form to allow ACU Events and/or DED to allocate individual passes to individual persons. Allocation will be worked out per rider based on the classes entered as follows –

CLASSES	PIT TEAM	TEAM
Superbike / Senior	3	2
Superbike / Senior / Superstock	3	3
Superbike / Senior / Superstock / Supersport	3	4
Supersport	3	2
TT Zero	3	2
Sidecar	3	4

Riders and teams wishing to request additional passes may do so in writing stating the reason for the request, number of passes required and names of the individuals those passes are to be assigned to. These requests will be considered by ACU Events and DED.

Pit Team Pass 1 Name _____

Pit Team Pass 2 Name _____

Pit Team Pass 3 Name _____

Team Pass 1 Name _____

Team Pass 2 Name _____

Team Pass 3 Name _____

Team Pass 4 Name _____

TRAVEL ALLOWANCE

Whilst no concessions for competitors are currently available directly from any travel companies accessing the Isle of Man, promoters will offer a travelling allowance to all competitors travelling to the Island. This allowance is tiered depending on the origin of each solo rider and sidecar driver and the estimated cost of travel. This allowance will be available to any competitor who has commenced practice.

The allowance will be paid in GBP and will only be available by electronic payment direct to a bank account of the riders and drivers choosing. All competitors qualifying for an allowance must include their bank details on the entry form. No payments will be issued using any other means. This allowance is only available to competitors competing in the TT Races on the Mountain Circuit.

The travel allowance is tiered as follows –

- UK Mainland Solo £400
- UK Mainland Sidecar £540
- Rest of World Solo £540
- Rest of World Sidecar £630

Any competitor wishing to apply for additional appearance fees should do so using the form attached providing information and justification to support the application to the promoters at:

Motorsports Team, Department of Economic Development, St Andrews House, Finch Road, Douglas, Isle of Man, IM1 2PX, E-Mail: iomtt@gov.im

Requests must be made using this form. Applications must be received no later than the 25th of February 2011. Applications received after this date will not be considered. Supplementary information that may assist your application may be included (e.g. press cuttings).

Payments to riders and teams will be negotiated directly between the promoters and authorised representatives of the individual riders and teams.

The following items will provide the basis for the payment criteria –

- Potential media coverage value (team and / or rider) achievable before, during and after event
- Demonstrable ability to promote the TT and Isle of Man positively (team and / or rider)
- Previous performance at TT (team and / or rider)
- Previous recent performance at other high profile motorcycle international and domestic racing events (i.e. World Superbike Championship, British Superbike Championship, World Endurance Championship etc)
- Size and scale of team (infrastructure etc)
- Travel and other costs
- Number of races to be participated in

The above list is neither exhaustive nor absolutely definable and should only be used as a guide.

Any competitor receiving additional appearance support or riding for a team which is receiving additional appearance support does not qualify for the travel allowance payments.

Competitors receiving additional appearance support will not be paid without the submission of an invoice which can be submitted on or after the 30th June 2011 and all payments will be subject to the normal Isle of Man Government payment terms.

Provided that the services are deemed by the promoter in its absolute discretion to have been fully or substantially performed payment shall be made within 30 days of receipt of the said invoice.

Full or substantial performance shall require not less than the team and / or rider(s) having made a definite and legitimate effort to perform the services.

TRAVEL ALLOWANCE APPLICATION

TEAM / RIDERS _____

RACES ENTERED

Superbike TT Supersport TT Race 1 Supersport TT Race 2 Superstock TT Race Senior TT TT Zero
Sidecar Race 1 Sidecar Race 2

RIDER OVERVIEW(S) INC. OTHER MAJOR EVENT RESULTS AND PREVIOUS TT EXPERIENCE

TEAM SYNOPSIS / OVERVIEW

OTHER EVENTS / CHAMPIONSHIPS BEING CONTESTED IN 2011

TEAM LOGISTICS INC. VEHICLES, HOSPITALITY AND PERSONNEL

ANTICIPATED EVENT COSTS £ _____

ENTRY DECLARATION

I / We the undersigned hereby 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 and such Supplementary Regulations as have been or may be issued for the event and agree to be bound by them.
- I further declare that I am physically, medically 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 negligence on the part of the organisers or officials.
- I confirm that the machine(s) as described above which I compete on shall be suitable and proper for the purpose.
- I confirm that if any part of the event takes place on a public highway, the machine(s) described above shall be insured as required by the Road Traffic Acts, or equivalent legislation, and that it / they will comply with the regulations in respect thereof.
- I further agree and consent to any necessary information concerning an injury at this or any event being given by any attending doctor/ paramedic/first responder or any hospital health care worker to the Race Director or his designated officials and also to my own doctor and relatives. The doctor(s) may also give information to other persons according to the doctor's own professional ethical code.
- I further agree that I shall not seek to claim against the ACU, or Isle of Man Department of Economic Development, the Organisers or their officials, the landowners, the promoters or other bodies or individuals connected with the event in respect of any damage to my property howsoever caused and whether by the negligence or breach of statutory duty of the said bodies and persons.
- I accept that the ACU and ACU Events Limited shall not be responsible for any damage to a motorcycle or its accessories whilst in the custody of the Organisers of the meeting, during technical control, practices or races, whether by fire, accident or other causes.
- I declare that the Rider (and Passenger where applicable) will be over 18 years of age on the 30th May 2011.
- I understand and agree that ACU Events Limited retain the information supplied in this application on computer and I authorise its disclosure by them for the purpose of the Data Protection Act of the Isle of Man.
- I confirm that all Customs and Excise and/or Inland Revenue dues have been paid on the fuel I will use within this meeting.
- I confirm that all particulars given by me in this entry form are true and correct.
- I accept that this entry, if accepted, will form a contract between the Club and myself, which will be governed by and construed in all respects in accordance with Isle of Man Law. I irrevocably submit to the jurisdiction of the Isle of Man Courts in respect of any legal action or proceedings arising out of the contract or my participation in the meeting.

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 _____ Date _____

Passenger's Signature _____ Date _____

Entrant's Signature _____ Date _____

Entrant's Signature _____ Date _____

NOTE: If more than one entrant, all must sign



2011 TT MOUNTAIN COURSE LICENCE APPLICATION

This licence is a requirement for **ALL** competitors taking part in any event held on the TT Mountain Course. The fee is **£25.00** (in addition to any other licence fee). All applicants except holders of an FIM International licence or an MCUI National Licence must complete Section 3 - Medical Report, on the reverse of this form. ACU and SACU licence holders must have held a National licence for Road Racing for a minimum of 12 months prior to the closing date for entries.

Competitors from other Federations must have held an FIM International Non-Championship licence for Road Racing for a minimum of 12 months prior to the closing date for entries.

Documentary evidence of the following additional requirements must be supplied with this application:

2011 Isle of Man TT Races: All applicants must have competed satisfactorily in at least 6 Road Race meetings in the 12 months expiring 31 March 2011.

Closing dates for receipt of application forms: 13 April 2011.

The issuing of a TT Mountain Course Licence does not guarantee an accepted entry for competition.

YOUR PHOTO

Please write your name and date of birth on the reverse of photo

SECTION 1 - YOUR DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS)

First Names _____ Mr /Mrs/Ms/Miss Surname _____

Address _____

Postcode / Zip _____ Date of Birth _____

E-mail Address _____

Daytime Telephone Number _____ Evening _____

Do you hold an ACU or SACU National Licence for road racing? State Yes or No _____

If you answered 'YES' please state the licence number Number: _____

Do you hold an FIM Non-Championship licence for road racing? State Yes or No _____

If you answered 'YES' which federation issued that licence? Federation: _____

Please state the expiry date of your licence Expiry Date _____

Please tick the event you intend to enter TT MGP

YOUR SIGNATURE _____ DATE _____

SECTION 2 - PAYMENT

I am paying by: Cheque made payable to 'ACU Ltd'

Postal Order made payable to 'ACU Ltd'

Credit or Debit card, give card details below TOTAL PAYMENT: £25.00

Type of Card: Mastercard Visa Delta Switch / Maestro

Card Number

Expiry Date Issue No. Start Date Last 3 Digits on Signature Panel

Cardholder's Name _____ Cardholder's Signature _____

ACU OFFICE USE ONLY	FEE £	Cheque PO Cash Credit Card	No.
---------------------	-------	----------------------------	-----

SECTION 3 - MEDICAL REPORT

To be completed by all applicants except holders of an FIM International licence. You must pay any fee charged for the medical examination and for the completion of this form.

TO YOUR DOCTOR: Please read these guidance notes before filling in this section for the applicant whose name is on the front of this form. The person to be examined is applying for a licence to compete in motorcycle sport events. Particular care should be taken to ensure that the applicant does not suffer from any condition which might result in sudden loss of control of his/her motorcycle thus endangering other riders, officials and spectators. The controls of a motorcycle normally require the use of all four limbs. The applicant must be able to control his/her motorcycle under fierce acceleration and braking forces. Competition places both physical and mental demands on the rider.

Limbs: The applicant should have sufficient power, co-ordination and sensation in his/her limbs to maintain full control of his/her machine. An applicant with an organic or functional loss of a limb or part of a limb may be referred to an ACU medical panel and be subject to "on track" assessment.

Deafness: A licence can be issued to an applicant with impaired hearing, but not to an applicant with a disturbance of balance.

Diabetes: A well controlled diabetic who is not subject to hypoglycaemic or hyperglycaemic attacks may be passed as fit to compete providing they can supply evidence from a diabetologist that they have no neuropathic complications nor any ophthalmoscopic evidence of vascular complications. If access to a diabetologist is difficult then the GP/examining doctor must pay particular attention to these points during the examination.

Cardiovascular system: In general, a heart attack or serious cardio-vascular disease would normally exclude a rider from speed events. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with this Medical Report form.

Neurological and psychiatric disorders: In general applicants with a serious neurological or psychiatric disorder will not be granted a licence.

Fits or unexplained loss of consciousness: A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered an unexplained loss of consciousness.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Are you the applicant's regular medical attendant? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. Does the applicant have epilepsy, diabetes or any condition which may cause loss of consciousness? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. Does the applicant have any condition which may cause sudden loss of balance or co-ordination? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Is there any evidence of any progressive neurological disorder? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 5. Are there any signs of neoplasm which may be liable to metastasise? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 6. Is there any evidence of any disease or condition affecting the eyes or ears? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 7. Is there any abnormality of power, sensation, co-ordination or movement in any limb? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 8. Are any limbs or parts missing? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 9. Is there any abnormality of the heart? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 10. Does the applicant have hypertension? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 11. If the applicant has insulin dependent diabetes are there any signs of neuropathy, retinopathy or other complications? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 12. If the applicant has insulin dependent diabetes are they subject to episodes of hypoglycaemia or hyperglycaemia? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 13. Is the applicant suffering from any psychiatric illness? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 14. Is the applicant dependent on alcohol, drugs or other substances? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 15. Is the applicant taking medication? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| <i>If 'yes' please give full details in the space below and confirm that the medication is not within the WADA prohibited classes of substances and prohibited methods.</i> | | | | |
| 16. Is the applicant medically fit to hold a competition licence and to participate in motorcycle sport? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 17. I am unsure of the applicant's fitness and wish to refer him / her to the ACU Medical Panel. (tick box) <input type="checkbox"/> | | | | |

Please use this space to give further details:

PRACTICE STAMP
(include name and qualifications)

Applicant's Name _____ Date of Birth _____

Signature of Doctor _____ Date _____