

2024 Southern 100- Official Entry Form

George Peach, Race Secretary, Ellerslie, 128 Malew Street, CASTLETOWN, Isle of Man, IM9 1LT Tel. 01624 822546 (H) 07624 471301(M) Email: entries@southern100.com	 	OFFICIAL USE – ENTRY FORM No. <div style="font-size: 2em; font-weight: bold; text-align: center;">24- _ _</div> <div style="text-align: center; margin-top: 10px;">_</div>
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2024 Steam Packet Southern 100 Road Race Meeting

Colas Billown Circuit, Castletown, Isle of Man. A National Competition

On Monday 8th to Thursday, 11th July 2024

Held under the National Sporting Code (4th Edition) and the 2024 Standing Regulations of the Auto-Cycle Union. Together with the Supplementary Regulations of Southern 100 Motorcycle Racing Ltd. and Final Instructions to be issued.

PCL 028

Permit ACU 202603

NON ACU/SACU Licence Holders please contact Michelle Haynes, ACU Road Race Department
Michelle@acu.org.uk +44 (0) 1788 566405 **This includes MCUI Licence Holders**

RIDER/DRIVER

First Name(s): _____ Surname: _____

Address: _____

Town: _____ County: _____ Country: _____ Post Code: _____

Tel No: _____ Mob. No: _____ Licence No: _____

PLEASE STATE IF ACU LICENCE OR IF NOT WHICH FEDERATION _____

Are you a Newcomer to the Billown Circuit? _____

E mail Address: _____

Date of Birth D/M/YY: ____/____/____ Nationality: _____ Gender: _____ Marital Status: _____

Name of Next of Kin: _____ Spouse/Partner/etc.: _____ No. of Children state ages: _____

Next of Kin **Home** Address: _____

_____ Tel No.(day): _____ (evening): _____

Next of Kin's **Isle of Man** Address, if on Island: _____

_____ IOM Tel No: _____

I.o.M. contact in case of an emergency if N.O.K not on Island - Name: _____ Tel No: _____

PASSENGER

First Name(s): _____ Surname: _____

Address: _____

Town: _____ County: _____ Country: _____ Post Code: _____

Tel No: _____ Mob. No: _____ Licence No: _____

PLEASE STATE IF ACU LICENCE OR IF NOT WHICH FEDERATION _____

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I.o.M. contact in case of an emergency if N.O.K is not on Island - Name: _____ Tel No: _____

DETAILS OF RACES ENTERED

DECLARATION: (1) I/we hereby apply to enter the race(s) indicated below and declare that the motorcycle I/we enter complies in every detail with the regulations and that the particulars thereof are correct. The appropriate entry fee is enclosed

LIGHTWEIGHT RACE n.b. These count as TWO races for the entry fee									
Races 1 & 10 – 250/700cc Twins Race – A Combined Race for 250cc two strokes and Moto 3 machines and 700cc Four Stroke Twins									
Make	Model	cc	Year	Transponder Id No*					
Please indicate which machine entered >>>		Supertwin { }		250cc { }		Moto 3 { }			
FRAME NUMBER	ENGINE NUMBER								
Entrant Details Only	Name	Licence No		Signature					

SUPERBIKE RACES n.b. These count as THREE races for the Entry Fee									
Races 2, 3 & 8 Superbike Senior Race 700cc to 1100cc									
Make	Model	cc	Year	Transponder Id No*					
FRAME NUMBER	ENGINE NUMBER								
Entrant Details Only	Name	Licence No		Signature					

SUPERSPORT RACES - n.b. These count as TWO races for the Entry Fee									
Races 4 & 6 - for Solo Machines of over 450cc but not exceeding 600cc four-cylinder, four stroke, 675cc three cylinder four stroke and 750cc twin cylinder four stroke machines.									
Make	Model	cc	Year	Transponder Id No*					
FRAME NUMBER	ENGINE NUMBER								
Entrant Details Only	Name	Licence No		Signature					

SIDECAR Races 5 & 12 – Formula Two Sidecar Races – To comply with F11 ACU Regulations but also Including 900cc parallel twins and 675cc Triumphs n.b. 765 machines will not be permitted									
Make	Model	cc	Year	Transponder Id No*					
FRAME NUMBER	ENGINE NUMBER								
Entrant Details Only	Name	Licence No		Signature					

***PLEASE NOTE EACH MACHINE NEEDS A DIFFERENT TRANSPONDER**

Transponders CAN BE HIRED SEE PAGE 3

Mutual Responsibility of Entrant and Rider:(as per the A.C.U. N.S.C.) An Entrant shall be responsible for all acts or omissions on the part of his riders, passengers, mechanics or any member of his entourage, but each of these shall be equally responsible for any infringement of the ACU National Sporting Code.

The Club reserves the right to refuse any entry or forbid the use of any particular machine, which it considers inappropriate. All machines must be prepared to a high standard of cosmetic appearance.

Entry Fees: For ACU/SACU licence holders the entry fee will include Third Party Insurance and Personal Accident Insurance of the Auto Cycle Union.

RACE ENTRY FEES		ACU/SACU	MCUI/FMN
FOR First SOLO RACE ENTERED	£200-00		£100-00
For each other solo race entered *	£60-00		£40-00
FOR TWO SIDECAR RACES ENTERED	£340-00		£160-00
Transponder Hire if required is £30 each			
Newcomer Jacket if required	£8-00		
2024 Club Membership (if required)	£15-00		
If already a Member please tick box	<input type="checkbox"/>		
Total - Paid Via Pay Pal/Bank Trans/Cheque/please tick			

***Please Note that the double races are two races, and the Superbike Races are three races and each must be paid for e.g. If you enter Races 4 & 6 it will be £200 for the first race entered plus £60 for each additional Race making total of £260 PLEASE INDICATE WHICH SOLO EVENTS YOU HAVE ENTERED TO ENSURE IT CORRESPONDS WITH THE ENTRY FEE**

RACE	Race 1	Race 2	Race 3	Race 4	Race 6	Race 8	Race 10
CLASS	Lightweight 250/700cc	Superbike 1100cc	Superbike 1100cc	Supersport 600cc	Supersport 600cc	Superbike 1100cc	Lightweight 250/700cc
	1 st Race	1 st Race	2 nd Race	1 st Race	2 nd Race	3 rd Race	2 nd Race
Please tick box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DUE TO THE SIGNIFICANT INCREASE IN BANK CHARGES, WE ARE NO LONGER PAYING OUT CHEQUES TO THE WINNERS INSTEAD YOUR MONEY WILL BE FORWARDED DIRECTLY INTO YOUR BANK ACCOUNT. PLEASE ENSURE THAT YOU FILL IN YOUR BANK DETAILS ON PAGE 4 OF THE ENTRY FORM SO THAT WE CAN PAY OUT YOUR PRIZE MONEY Please make Cheque payable to Southern 100 MCRC, Post-dated cheques are NOT accepted. Bank Transfer Account: 19386206 Sort Code: 55-91-04. Please ensure you Quote your Name as Reference on ALL payments. PayPal please use entries@southern100.com

Entries will be received up to the last post on **31st MAY 2024** This Entry Form, when completed, should be sent together with the appropriate remittances, to the Race Secretary: George Peach, Ellerslie, 128 Malew Street, Castletown, Isle of Man IM9 1LT. Any queries regarding the Entry Fees please contact Club Secretary Rachel Palmer, Tel 01624 825428, Mobile 07624 490789 or email entries@southern100.com

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 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 negligence on the part of the Organisers or Officials.
- I confirm that I am not currently suspended from ACU permitted competition nor on the ACU Stop List as a result of incurring a Concussion/Suspected Concussion Injury.
- I accept that insurance arranged on my behalf by the Organisers of events that I may enter specifically excludes liability between the participants. I understand that this form may be used in litigation as evidence that any serious injury will be principally the result of my voluntary decision to engage in a high-risk activity.
- I consent to details of any injuries I may suffer at this event being passed between all medical services and the Clerk of the Course.
- I consent to the collection and retention of my personal information by the ACU and the Southern 100 Motorcycle Racing Ltd.
- I confirm that the machine(s) as described above which I shall participate 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 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 they will comply with the regulations in respect thereof.
- I accept responsibility for any items borrowed/loaned from the Organiser during the course of the event. These items include but are not restricted to (safety clothing, transponders, and accessories). I understand that I am liable for the cost or replacement of any items lost or not returned and non-payment or non-replacement of items borrowed may affect my entry into subsequent events.
- I confirm that I have not been refused an ACU Licence, not had an ACU Licence suspended, nor have I been excluded from any ACU Competition.
- I have read and understood the Auto Cycle Union Data Protection Policy and consent to the collection and retention of my personal information by the ACU
- I accept that this entry, if accepted, will form a contract between the Club and myself, which will be governed in all respects in accordance with Isle of Man Law. I/we irrevocably submit to the jurisdiction on 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, any event organiser, any circuit owner, 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. I agree that I am required to register on arrival by "signing on" at the designated place before taking part in any Practice Session or Race.

Rider's signature: _____ Passenger's signature: _____

Entrant's Signature _____

ENTRIES CLOSE 31st MAY 2024

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Vehicle Details: This is to allow access to the Paddock **and is for competitors only**

Vehicle Registration Number: _____

*Vehicle/Van Make, Model & Colour _____

Size of Vehicle to include Awning in Metres – Length: _____ Width: _____

Paddock space is very limited. Each competitor will be allocated a 10m x 10m space for 2 machines, and each additional two machines you will be allocated an extra 10m x 10m space. Should you require further space please get in touch with details Sif you can be accommodated in a 8m x 8m space please let us know . Registered Club Member (if any) _____

Newcomers:

Please submit a comprehensive set of results from your last three previous meetings, showing the full finishing order of the races entered. This will help the Race Sub Committee consider your entry.

Non-Newcomers:

Please provide details of any previous experience of the Billown Circuit plus your

Fastest Lap time and Machine it was achieved on:

Lap Time _____ On Machine and cc _____ In Year _____

All – Please complete the below table to show details of your racing experience and recent successes, over the last three years

<u>DATE</u>	<u>CIRCUIT</u>	<u>STATUS – Club/Nat/Int.</u>	<u>POSITION</u>

IMPORTANT PLEASE COMPLETE YOUR BANK DETAILS BELOW

Account No. _____ Sort Code ____ - ____ - ____ Account Name _____

This will be used to issue refunds/prize money etc. Please ensure the details are correct

PREFERRED RACING NUMBER

If you have a preferred racing number **below 100** please enter it in the box below. Please note we will endeavour to help; however, we cannot guarantee that you will receive the number requested.

Please Note you will be the same number for each machine that you enter

**First Choice
Number**

**Second Choice
Number**

Please Ensure you have completed all **5** pages of this entry form and return to George Peach, Ellerslie House, 128 Malew St, Castletown, Isle of Man, IM9 1LT no later than 31st MAY. Ensure payment has been is sent by Bank Transfer, Pay Pal or Cheque along with your

Name if payment accompanies this entry. Only completed entries will be considered.



General Data Protection Regulations (GDPR) Consent Form

Rider/Driver Full Name _____

How the Southern 100 Motorcycle Racing Limited use your information

The Southern 100 Motorcycle Racing Ltd will process your confidential information – which includes your Names, Address, all contact details, Date of Birth, relevant medical history, Licence No, Next of Kin details and Media Consent only for the purposes listed below. The data is stored securely, no longer than necessary and solely for the completion of those business activities.

I confirm that I agree to the Southern 100 Motorcycle Racing Ltd using my data in the following way.

Please tick the box

For administration including press releases in connection to Southern 100 Motorcycle Racing Ltd []

Supply personal information to Medical Personnel and Club's Welfare Officer if required []

To add you to the mailing list for events held on the Billown Circuit []

Use of photographs of you for our website, social media platforms and publicity for the Club []

To ensure the confidentiality of data and compliance with the General Data Protection Regulation any third parties contracted by the Southern 100 Motorcycle Racing Ltd are under a strict data protection agreement

The Southern 100 Motorcycle Racing Ltd will not publish or share your confidential data with any other third parties than herein mentioned.

SIGNED _____

General Data Protection Regulations (GDPR) Consent Form

Passenger Full Name _____

How the Southern 100 Motorcycle Racing Limited use your information

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SIGNED _____

Should you require any further information, queries or complaints please contact our GDPR Data Officer

Mrs. Rachel Palmer on email address: secretary@southern100.com