

BRANDS HATCH

Saturday and Sunday 12th and 13th March 2011

RACING WITH

THE DUCATI DESMO DUE **CHAMPIONSHIP**

Permit No: ACU 31019 EMN No 10/165

PCL No: 006

TBA

1. ANNOUNCEMENT: A Closed to Club Competition to be organised by the New ERA MCC Ltd inscribed by the UEM to be held under the National Sporting Code and Standing Regulations of the A.C.U., these Supplementary Regulations and any other Final Instructions issued or Official

Announcements made.

2. OFFICIALS: Clerk of the Course... Dave MABBUTT Incident Officer... Kevin REVELL A.C.U. Steward...

Chief Technical Official... Deputy Clerk... TRA Timekeeping... HS SPORTS Bernie TAYLOR

ELIGIBILITY: To be eligible to enter this meeting all riders must be racing members of the NEW ERA MCC and hold a CLUBMAN LICENCE OR

ABOVE issued by the ACU or the Scottish ACU. Entries will be accepted from other European FMNs Licence Holders subject to the

production of Starting Permission and confirmation of FIM Insurance cover. Licences must be produced when signing on.

4. ENTRIES:

CLOSE: Saturday 5th MARCH 2011 (or earlier if oversubscribed)

Phil TOMLIN, 11 Mill Studio Business Centre, Crane Mead, WARE, Herts SG12 9PY SEND TO: The Entries Secretary: Telephone: 01920 444205 Fax: 01920 468686

(ENCLOSE S.A.E. WITH ENTRY PLEASE)

The Club reserves the right to refuse any entry. Entries by Fax are not permitted unless by prior arrangement with the Secretary.

FEES: Solos: £200 for the two races of approx 30 minutes each plus two 1 minute Practices

PAYMENT: MUST BE FOR THE FULL AMOUNT

By Cheque payable to NEW ERA M.C.C. or by Credit Card

INSURANCE: The Club undertakes to insure each rider and passenger, indemnifying him against any third party claims made arising out of the races

or official practice, excluding claims by other drivers or passengers, entrant, sponsor or mechanic.

CANCELLATIONS: Entries cancelled up to 7 days before the meeting will have Entry Fees refunded less £50. No refunds can be made afterwards.

STARTERS Maximum Starters: Practice: Solos 56 Racing: Solos 38

RIDER CHANGES The Rider or the Machine but not both may be changed up to 9.00am on Friday.

AWARDS: Trophies will be awarded to the First Three to finish in each of Classes A and B

8. PROGRAMME: Race Nos. Description

A1 & A2 Approx 30 Minute races for Class A Desmo Due Series Co-ordinator - Chris BUSHELL Riders Representative - Trudi PALMER B1 & B2 Approx 30 Minute races for Class B Desmo Due Two

9. COURSE: Brands Hatch Indy - The Circuit is 1.2036 miles in length and is located off the A20 three miles from Junction 3 of the M25.

10. TECHNICAL Between 7.30 am and 8.30am on Saturday. Riders to present themselves fully clothed in their leathers etc., as for racing at

CONTROL: Technical Control.

11. STARTING: All races will be by Clutch start.

12. FINISHING: To be counted as a Finisher a Rider must finish within 2 minutes of the winner and have completed at least 10 laps.

13. RED JACKETS: Clubmen who are required to wear a Red Jacket must ensure that they do so.

14. TYRES: According to Ducati Desmo Due Conditions

Please note that dogs are strictly forbidden in all circumstances and whether or not they are in vehicles. 15. ANIMALS:

16. SAFETY: See the ACU Standing Regulations regarding the requirements for each Rider to have a functioning Fire Extinguisher available

17. PASSES: Passes will be issued: Solo - 3 passes/competitor, Sponsors (if full details given) - 1 pass (Sent to Rider)

NOTE: - TEST DAY ...

TEST DAY - FRIDAY 11th MARCH

Th ng on Friday 11th March on the Indy Circuit. The Price of which is £99 То nter a Cross in the Box and enclose an extra remittance of £99 - (or by your Credit Card if required) Ref: z:\2011 Regs\20111303-BH\p1



BRANDS HATCH

Saturday and Sunday 12/13th March 2011 DUCATI DESMO DUE CHAMPIONSHIPS

For Office Use Only:						
Date Receive	ed:				Late Entry:	
Racing No:			Paid By Chq:			
To be paid by Credit Card:						
Credit Card						

ENTRY FORM

PCL No: 006

PLEASE COMPLETE ALL SECTIONS AND USE BLOCK CAPITALS

LINTIXT I OIXIVI PLEASE COI	WPLETE ALL SECTIONS	AND USE BLUCK CAPITALS	
SPONSOR: PLEASE NOTE: In order to receive the extra tickets for your spoappear in the programme the information below a second sponsor to appear in the programme back of this entry form. Full Name: Full Postal Address:	onsor, and for their name to womust be fully completed. For please attach full details to the	RIDER: Full Name	
EVENTS ENTERED: (state Race No: . A	1 & A2, or B1 & B2	MACHINE:	
·		Make: cc:	
ACU LICENCE TYPE - Please Tick One of	the following: - Clubmans / I	National or above	
PAYMENT METHOD: Cheque value £ enclosed	CREDIT CARD NUMBER: VALID FROM:	EXPIRY DATE: 3 DIGIT SECURITY CODE (ON BACK OF CARD):	
Choque value 2 enclosed	ISSUE NUMBER (SWITCH only) TYPE of CARD: (Visa etc)		
OR if paying by Credit Card please complete box to the right.	I UNDERSTAND THAT A £2 SURCHA	ARGE IS TO BE ADDED AND I D DEBIT THE ENTRY FEES TO MY ACCOUNT: SIGNED	
ENTRY DECLARATION:			
Regulations, such Supplementary Regul I further declare that I am physically and I confirm that I understand the nature an such risks may involve negligence on the I confirm that if any part of the event take Road Traffic Acts, or equivalent legislatio I confirm that the machine(s) as describe	ortunity to read, and that I uncations as have or may be issumentally fit to take part in the d type of event I am entering e part of the organisers or offices place on a public highway, on, and that it / they will compete on	derstand the National Sporting Code of the ACU, the ACU Standing and for the event, and agree to be bound by them. event and I am competent to do so. and its inherent risks and agree to accept the same notwithstanding that cials. the machine(s) described above shall be insured as required by the ly with the regulations in respect thereof. shall be suitable and proper for the purpose.	
permanently disabled or suffering some of ACU, the promoter, the organising club, the	ther serious injury and I ackr ne venue owner, or any indiv ne dominant cause of any se	taking part in this event I am exposed to a risk of death, becoming nowledge that even in the event that negligence on the part of the idual carrying out duties on their behalf were to be a contributory rious injury will always be my voluntary decision to take part in a high notorsport is entirely at my own risk.	
RIDER'S Signature:	lf under	r 18 state Date of Birth:	
	Signature of Pa	rent or Legal Guardian:	
or Legal Guardian must attend signing on with the	st also complete a "Parental Agre hem and must be available for th	ement" form in addition to this entry form to permit them to compete. Their Parent e duration of the meeting. Parental Agreement forms are available from the New b) SIGNATURES will be accepted. Signatures may be checked for authenticity.	
GARAGES: If a Garage required then	please place Cross in the Bo	x and enclose an additional £15 Entry Fee.	
DESPATCH DETAILS			

Phil TOMLIN, New Era MCC, 11 Mill Studio Business Centre, Crane Mead,

WARE, Herts. SG12 9PY Telephone: 01920 444205

Entries Close: Saturday 5th March 2011 (or earlier if

Please POST this ENTRY FORM,

and your CHEQUE(S), made payable to New Era MCC

Please enclose a STAMPED ADDRESSED ENVELOP (and a Parental Agreement Form if applicable).





Saturday and Sunday 12/13th March 2011 DUCATI DESMO DUE MEDICAL INFORMATION FORM

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NOTE: This form is required to be completed only once in 2011 unless any of the information becomes outdated. In which case another form is required to hbe filled in and sent to the New Era Offices. Many Thanks! Jackie

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS

Riders Name:		Date of Birth
Home Address		
		Post Code
Next of Kin		
Name		
		Post Code
Details of your	own Family Doctor	
Naame		
Surgery Name	and Address	
		Post Code
Telephone Nun	nber	
Local Hospital		
Hospital Teleph	none Number	
Any Specialist	Care details previous or current ie. Phusio, Orthop	paedic surgeons, Therapists etc
Name		
Address		
Tlephone No		Speciality



Signed:

DUCATI DESMO DUE MEDICAL INFORMATION FORM Page 2 of 2

Have you any current illnesses:	Yes	No
If Yes please explaiin		
Do you regularly take any Drugs or Tablets	Yes	No
If Yes please explain		
Have you declared these to the ACU to comply with anti doping rules	Yes	No
Do you have any allergies i.e iodine, penicillin etc	Yes	No
If Yes please explain		
Have you had any major or significant injuries requiring admission to hospital and/or surgery	Yes	No
If Yes please explain what, when, how it was treated		
Have you had any surgery or operations not mentioned above	Yes	No
If Yes please explain what, when, how, where treated		
Have you ever had any problems with annaestetics	Yes	No
When did you last have an anti tetanus injection Do you have Private Medical Insurance	Year Yes	Don't know No
If Yes with whom		
Does this cover Emergency Treatment in Hospital	Yes	No
Is there anything else important that we should know:	:	
I understand that the above information will be treated health care professionals for my treatment during or for I agree that the details of any injuroes and treatment of the second se	following a British Super	bike of a New Era Meeting.

Date:



DUCATI DESMO DUE MEDIA INFORMATION FORM

Page 1 of 1

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Riders Name		Team Name
Class		Occupation
Hometown		
	CARE	ER HISTORY
Date Started Racing		
Racing Career History	·:	
Sposnsor Details		
Any other information	of interest to the Public	
Rider is Racing under	NUMBER	n the DUCATI DESMO DUE CLSASS (A or B)