


ENTRY FORM



Australian
Karting
Assoc
Inc

 <p>CANBERRA KART RACING CLUB INC. P.O. Box 1597 Fyshwick A.C.T. 2609</p>

Driver's Surname	
Racing Number	Insert "P" if provisional <input type="checkbox"/>
Licence Number	Licence Grade
Class	

Official Entry Form for Kart Meetings authorised by the AKA and held under the Rules and Regulations contained in the AKA Karting Manual and the Supplementary Regulations for the event being entered.

INCOMPLETE FORMS CANNOT BE ACCEPTED

Event Name	Event Date	Entry Fee	Organising Club
			Canberra Kart Racing Club

OWNER/AUTHORISED REPRESENTATIVE AND KART DETAILS

Full name: Lic. No. Club

Address: Suburb.....Postcode:

Phone (Day): Phone (Night):

Make of Kart: Engine:

DRIVER DETAILS (Tick this box if details same as above)

Full name: Lic. No. Club

Address: Suburb:Postcode:

Phone (Day): Phone (Night):

PIT CREW DETAILS (Two may be nominated)

Name 1: Name 2:

Address: Address:

ENTRANT/SPONSOR DETAILS

Full name to appear to any program or advertising:

CONDITIONS OF ENTRY

I/We, the undersigned, acknowledge that this meeting is conducted in accordance with the General Kart Regulations of the AKA, the General Standing Regulations, the Australian Kart Formula and the Supplementary Regulations issued for this meeting and agree to abide by them. I/We certify that the particulars supplied on this entry form are true and correct in every particular. I also acknowledge and agree to accept as a condition of entry that the AKA, the State Karting Council nor the organisers of the meeting or event, nor their respective servants, officials, representatives, or agents shall be under any liability whatsoever for any death or bodily injury, loss or damage which may be sustained or incurred as a result of my participation in the race meeting or event, howsoever such death or bodily injury, loss or damage is caused, whether by negligence or otherwise. I/We also understand and accept that submission of this entry form constitutes an agreement with the organisers to take part in this competition.

Signature of Owner/Authorised Representative: Date:

Signature of Driver: Date:

Counter-Signature of Parent or Guardian: Date:

Must be countersigned if driver is under 18 years of age. Please tick appropriate box: Parent Guardian

CREDIT CARD PAYMENT DETAILS			Amount Authorised \$	
Name on Credit Card	Type of Card	Expiry Date	Credit Card Number	
Office Use Only Date entry received	Paid By <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	<input type="checkbox"/> Tick if licence and entry are in order	Signature of Official Accepting Entry	Date
			AKA 11	Issued 11/98