

# ENTRY FORM

Driver's  
Surname



Australian  
Karting  
Association  
Inc.

Racing  
Number

Insert "P" if  
Provisional

Licence  
Number

Licence  
Grade

**Combined Districts Kart Club  
Premier State Cup 2008**

PO Box 608  
St Marys NSW 1790

Register via web site at [www.premierstatecup.com](http://www.premierstatecup.com)

Class

LICENSE  
EXPIRY

SERIES  
REGO #

## INCOMPLETE FORMS CANNOT BE ACCEPTED

Event Name	Event Date	Entry Fee	Organising Club
PREMIER STATE CUP RND 2	26-27 April/08	\$125	CDKC

### OWNER/AUTHORISED REPRESENTATIVE AND KART DETAILS

Full name:

Licence No:

Address:

Phone (Day):

Make of Kart:

Kart Club:

Suburb:

Phone (Night):

Engine:

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



Full name:

Licence No:

Address:

Phone (Day):

Kart Club:

Suburb:

Phone (Night):

**PIT CREW DETAILS (Two may be nominated)**

Name 1:

Address:

Name 2:

Address:

**ENTRANT/SPONSOR DETAILS**

Full name to appear in 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 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

Payed By (Tick)

Cash

Cheque

Money Order

Credit Card

Tick if  
Licence and  
Entry are in  
Order

Signature of Official  
Accepting Entry

Date

**NOTE: IF you are paying by credit card a \$3 surcharge applies.**