

ENTRY FORM

Driver's
Surname



Australian
Karting
Association
Inc.

Racing
Number

Insert "P" if
Provisional

Licence
Number

Licence
Grade

Premier State Cup 2008
North Shore Kart Club
PO Box 6998
Blacktown Business Centre 2148

Class

LICENSE
EXPIRY

SERIES
REGO #

INCOMPLETE FORMS CANNOT BE ACCEPTED

Event Name	Event Date	Entry Fee	Organising Club
PREMIER STATE CUP RND 4 - FINAL	1-2/Nov/08	\$125	NSKC

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.