



# ENTRY FORM

Australian Karting Association Inc.



<b>Driver's Surname</b>	
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
<b>50 Years of Karting, Tas</b>	6-8 March		North Western Kart Club

### DRIVER DETAILS

Full name: ..... Lic. No. .... Club .....

Address: ..... Suburb..... Postcode: .....

Phone (Day): ..... Phone (Night): ..... **Drivers Date of Birth**

### KART DETAILS

Make of Kart: ..... Engine: .....

### SPONSOR DETAILS

Details to be used in any program .....

### PIT CREW DETAILS

Name 1: .....

Address: .....

Name 2: .....

Address: .....

**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/We also understand and accept that submission of this entry form constitutes an agreement with the organisers to take part in this competition. 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, **AND find attached a completed standard AKA Insurance Indemnity Agreement**

Signature of Driver (if over 18yrs): ..... Date: .....

Signature of Parent or Guardian: ..... Date: .....

For drivers under 18yrs of age, state the name of the person (over 18yrs of age) who will be present and responsible for the driver for the duration of the drivers attendance at the meeting.

Name 1: .....

Address: .....

### **Please list and total all the entries, number of dinner tickets, etc required here.**

Entries:	Feature.....	Support.....	2 <sup>nd</sup> .....	Total Entries	\$.....
Extra Dinner Tickets (One is included in the entry fee):	.....			Total Dinner	\$.....
Other:				Total Other	\$.....
				<b>Total</b>	<b>\$ .....</b>

**NWKC does NOT have Credit Card facilities, we can accept EFT / bank transfer.**  
 Our Account details are: BSB - 633 000 Account No. - 113071443  
**Payment by EFT / Bank Transfer - tick  ( Proof of deposit must be faxed WITH the entry. )**

Office Use Only Date received		Signature of Official Accepting Entry	Date
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