



ENTRY FORM

Australian Karting Association Ltd



Driver's Surname	
Age	provisional <input type="checkbox"/>
Height CM	Weight KG

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
CDKC Come & Try	09.12.17	\$50.00	Combined Districts Kart Club. Oakley Forest Road Marrangaroo NSW

DRIVER DETAILS

Full name:.....
 Address:..... Suburb.....Postcode:.....
 Phone (Day):Phone (Night):Tick if driver under 18yrs of age
 In Case of Emergency Contact: Phone No.....

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.

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:

Address:

Forward Completed for to president@cdkc.com.au

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"/> Tick if licence and entry are in order	Signature of Official Accepting Entry	Date
	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card			
			AKA02/14	

