

EN	TRY .	FORM	V
Australian Ka	arting Associati	ion Inc.	
	Club Logo	o or Stamp	

Driver's Surname	
Racing Number	Insert "P" if provisional
Licence Number	Licence Grade
Class	
	Acctings outherized by the AKA or

Official Entry Form for Kart Meetings authorised by the AKA and held under the Rules and Regulations contained in the AKA Karting

Club Logo or Stamp				Manual and the Supplementary Regulations for the event being entered.				
INCOMPLETE FORMS CANNOT BE ACCEPTED								
Event Name		vent Date	Entry Fee	Organising	Club			
DRIVER DETAILS								
Full name:			Lic. No.	Club				
Address:		Subi	urb		.Postcode:			
Phone (Day):	Ph	one (Night):		Tick if driver under 18yrs of age				
KART DETAILS								
Make of Kart:		Engi	ine:					
SPONSOR DETAILS Details to be used in any	program							
PIT CREW DETAILS								
Name 1:								
Address:								
Name 2:								
Address:								
AKA, the General Standing Regu- certify that the particulars supplie constitutes an agreement with the Karting Council nor the organiser for any death or bodily injury, los	plations, the Australian Is and on this entry form are a organisers to take part is of the meeting or ever as or damage which may	Cart Formula and the Strue and correct in even in this competition. I and the northeir respective be sustained or incurrent.	Supplementary Regiery particular. I/W also acknowledge at servants, officials, red as a result of my	conducted in accordance with the Ger alations issued for this meeting and ag the also understand and accept that sub- and agree to accept as a condition of en- representatives, or agents shall be under the participation in the race meeting or et a completed standard AKA Insurance	ree to abide by them. I/We nission of this entry form try that the AKA, the State ler any liability whatsoever vent, howsoever such death			
Signature of Driver (if over 18yrs):				Date:				
Signature of Parent or G For drivers under 18yrs the driver for the duratio Name 1: Address:	of age, state the ron of the drivers a	name of the pers ttendance at the	son (over 18yr meeting.	s of age) who will be presen	nt and responsible for			
CREDIT CARD PAYM	ENT DETAILS			Amount Authorised \$				
Name on Credit Card		Type of Card	Expiry Date	Credit Card Number				
Office Use Only Date entry received	Paid By Cash Cheque Money Order Credit Card	☐ Tick if licence and entry are in order	Signatur	e of Official Accepting Entry	Date Issued			