



ENTRY FORM

Separate Entry Form Required for Each Class Entered – Please Print Neatly

Busselton Dirt Kart Club
Vasse Hwy
Busselton WA

Nominations not filled out correctly are your responsibility.
 Please check your application and numbers carefully -
 Thankyou

Driver Information	
Class:	
Drivers Surname:	
Drivers Club:	Drivers First Name
AIDKA Licence Number	Racing Number: (The number on your kart today)
Probationary – new licence holder for the first three events – tick P Existing licence holder in higher class for the first three events – tick ROF	P <input type="checkbox"/> ROF <input type="checkbox"/>

Race Event Information		
Event Name	Event Date	Organising Club
Night Series Round 1 <input type="checkbox"/>	23 rd January 2010	<i>Busselton Dirt Kart Club</i>
Night Series Round 2 <input type="checkbox"/>	20 th February 2010	
Night Series Round 3 <input type="checkbox"/>	13 th March 2010	
<i>(Please tick selected rounds)</i>		

Contact Information (Only Required for Open Event)	
Drivers Address	
Postcode	Contact Number/s

Kart Information (Only required for Open Event)	
Make of Kart	Make of Engine
Type of Fuel	Brand of Fuel
Type of Oil	Brand of Oil

CONDITIONS OF ENTRY	
<p>I agree to abide by the Rules in the Australian Independent Dirt Kart Association (A.I.D.K.A.) Rule Book and all current supplementary regulations. I also agree as a condition of entry that neither A.I.D.K.A., nor the promoters, 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.</p> <p style="text-align: center;">I also agree to abide by the Busselton Kart Club Code of Conduct a copy of which has been made available to me. Failure to do so will result in expulsion from the race meeting</p> <p>Signature of Owner/Authorised Representative:..... Date:</p> <p>Signature of Driver: Date:</p> <p>Counter-Signature of Parent or Guardian: Date:</p> <p><i>Must be countersigned if driver is under 18 years of age. Please tick appropriate box: Parent <input type="checkbox"/> Guardian <input type="checkbox"/></i></p>	

Payment Details (Official Use Only)			
Date Received	Paid \$	Signature of Official Accepting Entry	Entered in QuickGrid <input type="checkbox"/>