



ENTRY FORM

Australian Karting Association Inc.

Driver's Surname	
Racing Number	Transponder No
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

DRIVER DETAILS

Full name: Lic. No. Club

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

Phone (Day): Phone (Night): Tick if driver under 18yrs of age

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:

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"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	<input type="checkbox"/> Tick if licence and entry are in order	Signature of Official Accepting Entry	Date
AKA 11			Issued	