

**ENTRY FORM FOR A RACE MEETING
ORGANISED BY
THE BRITISH SUPERKART RACING CLUB**



DRIVERS NAME _____

ADDRESS _____

_____ Code _____

Home Tel. No. _____ Mobile No. _____

E-Mail Address _____

I AM A MEMBER OF (State which Club) _____

DRIVERS LICENCE NO. _____

TRANSPONDER NO. _____

KART _____ KART NO. _____

ENGINE _____

Please tick event

Silverstone March 25/26th	<input type="checkbox"/>
Croft April 29/30th	<input type="checkbox"/>
Cadwell Park July 9th	<input type="checkbox"/>
Snetterton Aug. 19th	<input type="checkbox"/>
Anglesey Sept. 2/3rd	<input type="checkbox"/>
Oulton Park Oct. 21st	<input type="checkbox"/>

SIGNATURE _____ AGE _____

Please tick Class

Please Tick	I am in Possession of a licence	By entering the event and signing this form you agree to undergo a random breath test should you be requested to do so	Superkart Division 1	<input type="checkbox"/>
<input type="checkbox"/>	Long Circuit Novice	Any entry which is signed by a person under eighteen years of age must be counter-signed by that person's parent or guardian, whose full name and address must also be given. Name _____ Address _____ _____ _____ Code _____ Signature of Parent or Guardian _____	MSA F250 National	<input type="checkbox"/>
<input type="checkbox"/>	National B		F250 BSA Cup	<input type="checkbox"/>
<input type="checkbox"/>	National A		F450 National	<input type="checkbox"/>
<input type="checkbox"/>	International C		F125 Open	<input type="checkbox"/>
<input type="checkbox"/>	International B		F125 Clubman	<input type="checkbox"/>
<input type="checkbox"/>	International A			
				For 125 drivers not registered for Championships who do not wish to run control fuel

PLEASE LET US HAVE BELOW THE NAME AND ADDRESS OF A RELATIVE OR FRIEND THAT SHOULD BE INFORMED IN THE EVENT OF A SERIOUS ACCIDENT

PLEASE MAKE THE CHEQUES PAYABLE TO :- THE BRITISH SUPERKART KART RACING CLUB	SEND TO: 2 Lion Close, Norwich. NR5 0UQ
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OR please charge my credit card/debit card(indicate type i.e Visa/credit or debit)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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expiry date issue no valid from date security code

NAME OF CARDHOLDER

Please note an additional 2% will be added to all credit card transactions - No fee will be added for Debit Card transactions

Fees can be paid via bank transfer and BACS
BSRC Bank - Barclays - Account No. 10664049 - Sort Code 20 - 53 - 06
Please reference payment and note that we must have this registration form sent into lan to confirm the situation,
Please do not just transfer the money