



<b>Driver's Surname</b>	
Class	
Lic. No. #	Grade
Racing Number	
TRANSPONDER NUMBER (You must supply your own)	

**ENTRIES TO BE MAILED TO**  
**RACE SECRETARY NKRC, PO BOX 461, CARDIFF. NSW 2285**  
**Credit Card Entries can be Faxed to 0249551737**

**INCOMPLETE FORMS CANNOT BE ACCEPTED.**  
**SEPARATE FORMS REQUIRED FOR EACH CLASS ENTERED.**

**ENTRIES CLOSE 5.00pm Friday 16/7/2010 OR WHEN CLASS IS FULLY SUBSCRIBED**

Event Name	Event Date	Entry Fee	Organising Club
<b>2010 NSW Closed State Titles</b>	<b>23rd, 24<sup>th</sup> &amp; 25th July 2010</b>	<b>\$150</b>	<b>Newcastle, Coffs Harbour Manning Valley Kart Racing Clubs</b>

**DRIVER DETAILS**

Full name: .....Lic. No. .... Club .....

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

Phone (Day): ..... Phone (Night): .....

EMAIL Address .....

**PIT CREW DETAILS (Two may be nominated)**

Name 1: ..... Name 2: .....

Address: ..... Address: .....

KART	ENGINE	TYRES
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**SPONSOR DETAILS.....**

**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 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. I/We also understand and accept that submission of this entry form constitutes an agreement with the organisers to take part in this competition.

Signature of Owner/Authorised Representative: ..... Date: .....

Signature of Driver: ..... Date: .....

<b>Receipt #:</b>		<b>Additional Classes:</b>		
		Note: Separate Entry form required for each class entered		
<b>Office Use Only</b> Date entry received	<b>Paid By</b> <input type="checkbox"/> Credit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order	<input type="checkbox"/> Card Number	<b>Signature of Official</b> Accepting Entry	<b>Date</b>