



2017 RACE ENTRY FORM

Concession Road 10, Clarington, Ontario L1C 3K6

DRIVER INFORMATION: Please Print Clearly: Participating members must fill in ALL of the required information.

Driver's Name: _____ Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ E-mail: _____

Affiliated Club: _____ Transponder: _____

<input checked="" type="checkbox"/>	CLASS	KART #	Members (\$80.00)	Non-Members (\$90.00)
	MINIMAX			
	ROTAX JUNIOR			
	ROTAX SENIOR			
	ROTAX MASTERS			
	ROTAX DD2(MASTERS)			
	125cc SHIFTER			
	BRIGGS CADET			
	BRIGGS JUNIOR LITE			
	BRIGGS JUNIOR			
	BRIGGS SENIOR			
	BRIGGS MASTERS			

I/WE agree to having a 2017 valid medical and Annual Consent form on file with an ASN affiliated club.

Driver Signature _____
Date

Members under 18 years of age must have their parent/guardian sign below.

Parent/Guardian Signature _____
Date

TODAY'S DATE: _____ **TOTAL FEES:** _____ **CASH - CHEQUE** _____

PAYABLE TO: Mosport Kartways
 Note: A \$50.00 fee will apply to all NSF Cheques