



RACE DATE: _____ (Check Just One Class per form)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Rotax Micro Max | <input type="checkbox"/> 80 Masters | <input type="checkbox"/> Micro TaG |
| <input type="checkbox"/> Rotax Mini Max | <input type="checkbox"/> Pro Stock Honda | <input type="checkbox"/> Mini TaG |
| <input type="checkbox"/> Junior Rotax | <input type="checkbox"/> Stock Honda Masters | <input type="checkbox"/> Junior TaG |
| <input type="checkbox"/> Senior Rotax | <input type="checkbox"/> HPD CRF Honda 250 | <input type="checkbox"/> Senior TaG |
| <input type="checkbox"/> Rotax Masters | <input type="checkbox"/> Senior ROK Shifter | <input type="checkbox"/> Masters TaG |
| <input type="checkbox"/> EVO Electrics | <input type="checkbox"/> Masters ROK Shifter | <input type="checkbox"/> Kid Karts |

DRIVER'S Name: _____ KART #: _____

Transponder #: _____

(MAKE CHECKS PAYABLE TO CAMERON KARTING)

Entry Fee: w/o Trans \$110 _____

Entry for Second Class \$ 75 _____

Entry for Kid Kart \$ 50 _____ (Includes Transponder)

Transponder Rental Fee \$ 15 _____

Pit Passes Adult _____ x \$ 10 _____

Pit Passes Child _____ x \$ 5 _____ (kids under 12)

Saturday Practice \$ 60 _____

Rotax Membership \$ 45 _____

For Office Use Only

Transponder Holder \$ 10 _____

Check #: _____

Sub-Total \$ _____

Cash: _____

Sanzaru Bucks Credit \$ _____

Credit Card (last 4): _____

Total \$ _____

Taken by: _____

DRIVER INFORMATION – TO BE FILLED OUT ONCE FOR THE SEASON:

ROTAX MEMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH (if under 18): _____ PHONE: _____

EMAIL ADDRESS:
(if you are not on email list) _____

EMERGENCY CONTACT: _____ PHONE: _____

DO YOU HAVE MEDICAL INSURANCE? _____ IF SO, WHO WITH? _____