



**BRIAN STEWART RACING
KARTING CHAMPIONSHIP SERIES**

www.BSRKC.com

Att'n: Lynda Chiovitti

26346 Park Rd

P.O. Box #367

Sutton West, On., L0E 1R0

Tel: 905.722.3089 Fax: 905.722.5423

Email: LyndaChiovitti@hotmail.com

2009 KART NUMBER REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____

Birth Date: _____ / _____ / _____ (yyyy/mm/dd)

Address: _____

City: _____ Prov./State: _____ P/Zip Code: _____

Home #: (_____) _____ Fax #: (_____) _____

Email: _____

ASN Canada FIA Affiliated Club: _____

Please provide first, second and third choices for kart numbers in each class you wish to enter. Fee is \$5.00 per class registered.

Class	Kart Number			Fee \$5.00
	1 st Choice	2 nd Choice	3 rd Choice	
Total Due:				

Total Paid: _____ Date Payment Received: _____

Cheque #: _____ Cash: _____

Please make cheque payable to:

Please mail cheque A.S.A.P. to:

B.S.R.K.C.

Attention: Lynda Chiovitti

26346 Park Rd., P.O. BOX #367

Sutton West, Ontario, L0E 1R0

**Payment by cash or cheque only. Payment must accompany registration form.
Telephone, fax or email registrations are not accepted.**