



**BRIAN STEWART RACING
KARTING CHAMPIONSHIP SERIES**

www.BSRKC.com

Att'n: Lynda Chiovitti

26346 Park Rd

P.O. Box #367

Sutton West, On., LOE 1R0

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2010 KART NUMBER REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____

Birth Date: _____ / _____ / _____ **PERSONAL TRANSPONDER NUMBER:** # _____

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
	1 st Choice	2 nd Choice	3 rd Choice	\$5.00
			Total Due:	\$

Total Paid: \$ _____ Date Payment Received: _____

Cheque #: _____ Cash: \$ _____

Please make cheque payable to:

B.S.R.K.C.

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

Attention: Lynda Chiovitti

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

Sutton West, Ontario, L0E 1R0

(BSRKC '10 Kart Number Registration Form-GT)

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