



**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

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2011 KART NUMBER REGISTRATION FORM

PLEASE PRINT CLEARLY

Name: _____

Month Day Year

PERSONAL TRANSPONDER NUMBER:

Birth Date: ____ / ____ / ____ # _____

Address: _____

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

Home: (____) _____ Fax: (____) _____ Cell: (____) _____

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 '11 Kart Number Registration Form)

Payment by cash or cheque only. Payment must accompany registration form.

Telephone, fax or email registrations are not accepted.