



**BRIAN STEWART RACING  
KARTING CHAMPIONSHIP SERIES**

[www.BSRKC.com](http://www.BSRKC.com)

Att'n: Lynda Chiovitti

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**2009 KART NUMBER REGISTRATION FORM**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (yyyy/mm/dd)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_ P/Zip Code: \_\_\_\_\_

Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax #: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

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 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	
<b>Total Due:</b>				

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**