



**BRIAN STEWART RACING  
KARTING CHAMPIONSHIP SERIES**

[www.BSRKC.com](http://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](mailto:LyndaChiovitti@hotmail.com)

**2010 KART NUMBER REGISTRATION FORM**

**PLEASE PRINT CLEARLY**

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

Month Day Year  
Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	\$5.00
			<b>Total Due:</b>	<b>\$</b>

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.**