

RACE ENTRY FORM 2023/2024

Date of Meeting Round # :

Drivers Name: _____

Competition Licence No: _____ Issued by: _____ Date of Birth :

Address : _____ Mobile : _____

E-mail: _____ Transponder No: _____

NAME AND ADDRESS OF RELATIVE OR PERSON TO BE NOTIFIED IN THE EVENT OF A SERIOUS ACCIDENT.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

EMERGENCY CONTACT : TELEPHONE _____ MOBILE NUMBER: _____

CLASS / EVENT ENTERED**DAMC Karting Championship 2023/ 2024:**

Class : Engine : ROTAX IAME

Kart Number: Do you have your own Transponder? YES NO

Does Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics: YES NO

GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS:**I DECLARE THAT:**

1. I have been given the opportunity to read the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so.
I acknowledge that I understand the nature and type of the competition and the potential risk inherent in motorsport and agree to accept that risk. Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.
2. I confirm that I possess the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event, meeting all sporting and technical regulations of the series, and having regard to the course and the speeds that will be reached.
3. I understand that should I, at the time of this event, be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my ability to control my vehicle. I must declare my condition to the licence - issuing authority and I may not take part unless authenticated written permission is received.
4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.
5. If I am the Parent/Guardian/Guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the terms of the present Code.

State age here if under 18. AGE: _____ Parent/Guardian/ Guarantor Signature _____

DRIVERS SIGNATURE: _____ DATE: _____

A signed, completed Entry Form must be accompanied by full payment. Once paid and accepted the associated fees are non-transferable and non-refundable.

PAYMENT DETAILS

In order to confirm your entry the full payment must be made in advance of the meeting. Payment can be made at the venue by cash, cheque or credit card or alternatively an online bank transfer to ADIB account detailed below.

RACE ENTRY FEE:

- AED 695 - Advance payment (deadline 9 days before the race)
 AED 795 - After the deadline

CHAMPIONSHIP REGISTRATION FEE: AED 150 (Mandatory)

BIC/Swift Code	ABDIAEAD
IBAN #	AE-13-050-0000-0000-12919752
Bank Address	Al Bateen Br, Abu Dhabi, UAE
Bank Name	Abu Dhabi Islamic Bank
Bank Account Name	Al Ain Raceway

NOTE: ALL SECTIONS OF THIS ENTRY FORM MUST BE COMPLETED

Please send to: Lalyne Estrella, Al Ain Raceway, P.O. Box: 8545393, Al Ain, UAE

WhatsApp: +971 (0) 50 866 5148 E-mail: admin@alainraceway.com