



NOVICE DRIVER

Race Venue: _____ Date: _____

Drivers Name: _____

Phone: _____

Email: _____

Address: _____

Scrutineering & Sign-in details:

Date	Paid \$20 fee	Kart Details i.e., KT, 125, KTT	Scrutineer signature	Comments

Helmet details: Checked and passed:

Brand of Helmet: _____ Date of Manufacture: _____

Scrutineer Name & Lic # : _____
