



## NOVICE DRIVER

Race Venue: \_\_\_\_\_ Racing Date: \_\_\_\_\_

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

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

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

### Scrutineering & Sign-in details:

Date	Class	Kart Number	Nom	Scrutineer	Comments

#### 1. Helmet details:      Checked: ☐

Brand of Helmet: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

Scrutineer Name & Lic # : \_\_\_\_\_

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#### 2. Helmet details:      Checked: ☐

Brand of Helmet: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

Scrutineer Name & Lic # : \_\_\_\_\_

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### Faults and Penalties:

1) Penalty/Fault Rule Number: \_\_\_\_\_ Penalty Given: \_\_\_\_\_

Description: \_\_\_\_\_

Steward Name & Lic # \_\_\_\_\_

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2) Penalty/Fault Rule Number: \_\_\_\_\_ Penalty Given: \_\_\_\_\_

Description: \_\_\_\_\_

Steward Name & Lic # \_\_\_\_\_

This form is held by the Chief Steward after Scrutineering Driver Registration and will be forwarded

[secretary@aidka.com.au](mailto:secretary@aidka.com.au) with all other event forms.