



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 #: _____

2. Helmet details: Checked:

Brand of Helmet: _____ Year of Manufacture: _____

Scrutineer Name & Lic #: _____

Faults and Penalties:

1) Penalty/Fault Rule Number: _____ Penalty Given: _____

Description: _____

Steward Name & Lic #: _____

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 with all other event forms.