

SOUTH FLORIDA



KARTING ASSOCIATION

www.southfloridakarting.com

2010 Membership Application

Membership valid Feb 2010- Dec 2010 Fee \$50- add'l immediate family members \$10

Name _____ Age _____ Date of birth _____

Parent/Guardian if minor _____ Email _____

Street Address _____ Home phone _____

City,St,Zip _____ Cell phone _____

Additional Member Information:

Name _____ Age _____ Date of birth _____

Relationship _____

Name _____ Age _____ Date of birth _____

Relationship _____

Emergency/Medical Information:

Person to contact in emergency _____ Relationship _____

Contact phone numbers (as many as possible) _____

Food/Drug allergies _____ Medical conditions _____

Kart Information:

Name _____ Class _____ Kart # _____

Name _____ Class _____ Kart# _____

Name _____ Class _____ Kart # _____

I have read and agree to the track rules and policies as described on the SFKA website.

Driver signature _____

Parent/Guardian signature (if minor) _____

Office use _____ birth certificate on file _____ minor release signed

_____ SFKA membership pd _____ paid parking spot