



CLASS:

START No.:

**INVITATION KARTING RACE
IN MEMORY TO DAVOR MARKOVIĆ**

ENTRY FORM

ADDRESS: KARTING CENTAR ZAGREB, GUSTAVA KRKLECA bb,
10 090 ZAGREB, CROATIA, fax: 01/3882-833, E-mail: info@kczagreb.hr

DATE: 24. SEPTEMBER 2005.

LAST DAY FOR REGISTRATION: 10. SEPTEMBER 2005.

CLUB:

NAME: _____ ADDRESS: _____ TEL./FAX.: _____

DRIVER:

NAME: _____ SURNAME: _____ TEL./FAX.: _____

ADDRESS: _____ LICENSE No.: _____ LIFE INSURANCE No.: _____

MECHANIC:

NAME: _____ SURNAME: _____

KART:

MODEL: _____ TYPE: _____ FRAME No: _____

ENGINE TYPE: _____ ENGINE No.: _____ CIK/FIA: _____

Date, _____ 2005.

Drivers signature:

stamp

THE UNDERSIGN PAYS 200 EURO TO THE ORGANIZER CHARITY FOR THE RACE.

THE UNDERSIGN GARANTUES THE ABOVE INFORMATIONS ARE TRUE AND DECLARES HIS KNOWLEDGE OF THE FIA/CIK SPORTING REGULATION, AS WELL AS THAT SPECIAL RACE REGULATIONS, WICH HE WILL FOLLOW IN TERMS OF THE COMEDDON CONTRACT.

THE COMPETITORS COMPATES AT HIS OWN RISK.

THE ORGANISER SHALL REFUSE TO ACCEPT ANY LIABILITY FOR PERSONAL INJURY OR DAMAGE TO PROPERTY VIS -A- VIS COMPETITORS, DRIVERS, ASSISTIANTS AND THIRD PERSON.