



Hamilton Regional Kart Club

Membership Application

2633 Upper James, Hamilton, Ontario L0R 1W0

Tel: 905-679-2122

Fax: 905-679-2200

Email: info@cameronmotorsports.com

Website: www.canadianminiindy.com

Please Print Clearly: Make sure you fill in all of the information required to process your application correctly.

ANNUAL MEMBERSHIP FEES

GST # 867454829

Plus applicable taxes

Driver Membership/Licence: (Paid on or before Feb 28th, 2020)

\$ 130.00

Driver Membership/Licence: (Paid after Feb 28th, 2020)

\$ 150.00

NON-MEMBERS ARE NOT PERMITTED IN PIT (GRID) OR RESTRICTED AREAS AT ANYTIME

2020 HRKC Membership Application

Name: _____ Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: (____) _____ - _____ Tel (Work or Cell): (____) _____ - _____

Email: _____ (please print email address clear and as it should be typed)

Driver's Weight: _____ lbs. Age: _____ Date of Birth: ____/____/____ Racing Class: _____
Year / Month / Day

Kart Number Raced in 2019: _____

(Only required if new, changing class or registered after Feb 28th) Kart # 2020: 1st Choice ____ 2nd Choice ____ 3rd Choice ____

Emergency Contact Information

Please Print Clearly: Make sure you fill in all of the information required to process your application correctly.

Name: _____ Address: _____ Unit: _____

City: _____ Province: _____ Postal Code: _____

Home Tel: (____) _____ - _____ Tel (Work or Cell): (____) _____ - _____

I/We agree to respect the Hamilton Regional Kart Club and understand that membership to the Hamilton Regional Kart Club is granted as a privilege to members who participate within the rules set forth in the 2020 Rules and Regulations Package. I/We acknowledge that we have read and understand the HRKC and ASN Canada Regulations.

Driver Member Name (Please Print)

Driver Member Signature

Date

Members under 18 years of age must have their parent or Guardian sign below:

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date