

## RACE ENTRY FORM 2024/2025

Date of Meeting       Round # :

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

Competition Licence No: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date of Birth :

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

E-mail: \_\_\_\_\_ Transponder Number: \_\_\_\_\_ Nationality: \_\_\_\_\_

**NAME AND ADDRESS OF RELATIVE OR PERSON TO BE NOTIFIED IN THE EVENT OF A SERIOUS ACCIDENT.**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT : TELEPHONE \_\_\_\_\_ MOBILE NUMBER: \_\_\_\_\_

### CLASS / EVENT ENTERED

**DAMC Karting Championship 2024/ 2025:**

Class :  Engine :  ROTAX  IAME

Kart Number:    Would you like to hire Transponder?  YES  NO

Does Driver have any disability or is Driver taking any prescribed drugs which should be notified to Circuit Medics:  YES  NO

**GENERAL DECLARATION - FOR COMPLETION BY ALL COMPETITORS:**

**I DECLARE THAT:**

1. I have been given the opportunity to read the Supplementary Regulations for this event and agree to be bound by them. I declare that I am physically and mentally fit to take part in the event and I am competent to do so.  
Further I understand that all persons having any connection with the promotion and/or organisation and/or conduct of the event are insured against loss or injury caused through their negligence.
2. I confirm that I possess the standard of competence necessary for an event of the type to which this entry relates and that the vehicle entered is suitable and roadworthy for the event, meeting all sporting and technical regulations of the series, and having regard to the course and the speeds that will be reached.
3. I understand that should I, at the time of this event, be suffering from any disability whether permanent or temporary which is likely to affect prejudicially my ability to control my vehicle. I must declare my condition to the licence - issuing authority and I may not take part unless authenticated written permission is received.
4. Any application form for a licence which was signed by a person under the age of 18 years was countersigned by that person's parent/guardian/guarantor, whose full names and addresses have been given.
5. If I am the Parent/Guardian/Guarantor of the driver I understand that I have the right to be present during any procedure being carried out under the Supplementary Regulations issued for this event and the terms of the present Code.

State age here if under 18. AGE: \_\_\_\_\_ Parent/Guardian/ Guarantor Signature \_\_\_\_\_

DRIVERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

A signed, completed Entry Form must be accompanied by full payment. Once paid and accepted the associated fees are non-transferable and non-refundable.

### PAYMENT DETAILS

In order to confirm your entry the full payment must be made in advance of the meeting. Payment can be made at the venue by cash, cheque or credit card or alternatively an online bank transfer to ADIB account detailed below.

**RACE ENTRY FEE:**

- AED 750 - Advance payment (deadline 9 days before the race)  
 AED 850 - After the deadline

**CHAMPIONSHIP REGISTRATION FEE: AED 195** (Mandatory)

<b>BIC/Swift Code</b>	<b>ABDIAEAD</b>
<b>IBAN #</b>	<b>AE-13-050-0000-0000-12919752</b>
<b>Bank Address</b>	<b>Al Bateen Br, Abu Dhabi, UAE</b>
<b>Bank Name</b>	<b>Abu Dhabi Islamic Bank</b>
<b>Bank Account Name</b>	<b>Al Ain Raceway</b>

**NOTE: ALL SECTIONS OF THIS ENTRY FORM MUST BE COMPLETED**

**Please send to:** Lalyne Estrella, Al Ain Raceway, P.O. Box: 8545393, Al Ain, UAE

WhatsApp: +971 (0) 50 866 5148 E-mail: [admin@alainraceway.com](mailto:admin@alainraceway.com)