



INDY KARTING SERIES 2012 ASSOCIATES FORM

Complete all fields. Please print legibly.

Associate Information

Name: _____ Phone: () _____
 Address: _____

 City: _____ State: _____ Zip: _____
 Email: _____ Transponder Number: _____

Associate Type

Type	Class	Kart No. **	Fee
<input type="checkbox"/> Single Associate			\$40.00
<input type="checkbox"/> Family Associate*			\$75.00
<input type="checkbox"/> Masters Point Class			FREE
<input type="checkbox"/> Additional Points Class			\$10.00
<input type="checkbox"/> Additional Points Class			\$10.00
<input type="checkbox"/> Additional Points Class			\$10.00
TOTAL DUE THIS FORM			\$

* Family Associates must complete Form **IKS-M02** in addition to this form. Add the total from this form to Form **IKS-M02** total for total cost.

** Kart numbers **1, 2, 3, 4,** and **5** are reserved for IKS class champions unless waived by IKS Management.

Insurance/Medical Information

Company: _____
 Policy Number: _____ Group Number: _____
 Mail claims to: _____

 Allergies: _____
 Other medical: _____

Race events ARE NOT sanctioned by any racing body. Race insurance is supplemental. The Indy Karting Series (IKS) expects all drivers to have primary health insurance.

ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. BY SIGNING THIS, I AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY THE INDY KARTING SERIES (IKS).

Signature: _____ Date: _____

Send this form to:

Indy Karting Series
P.O. Box 27
Moosville, IN 46158

IKS-M01