



INDY KARTING SERIES 2012 ASSOCIATES FORM

Complete all fields. Please print legibly.

Master Associate: _____

Dependant Associate #1

Name: _____ Date of Birth: _____

Transponder Number: _____

Allergies: _____

Type	Class	Kart No. **	Fee
<input type="checkbox"/> Dependant Points 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 SECTION #1			\$

* Master Associate must complete Form **IKS-M01** in addition to this form. Add the total from that form to this form for total cost.

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

Dependant Associate #2

Name: _____ Date of Birth: _____

Transponder Number: _____

Allergies: _____

Type	Class	Kart No. **	Fee
<input type="checkbox"/> Dependant Points 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 SECTION #2			\$

* Master Associate must complete Form **IKS-M01** in addition to this form. Add the total from that form to this form for total cost.

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

Total of Sections #1 and #2	\$
Total from IKS-M01	\$
TOTAL DUE THIS FORM	\$

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: _____

IKS-M02A



INDY KARTING SERIES 201 & ASSOCIATES FORM

Complete all fields. Please print legibly.

Master Associate: _____

Dependant Associate #3

Name: _____ Date of Birth: _____

Transponder Number: _____

Allergies: _____

Type	Class	Kart No. **	Fee
<input type="checkbox"/> Dependant Points 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 SECTION #3			

* Master Associate must complete Form **IKS-M01** in addition to this form. Add the total from that form to this form for total cost.

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

Dependant Associate #4

Name: _____ Date of Birth: _____

Transponder Number: _____

Allergies: _____

Type	Class	Kart No. **	Fee
<input type="checkbox"/> Dependant Points 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 SECTION #4			\$

* Master Associate must complete Form **IKS-M01** in addition to this form. Add the total from that form to this form for total cost.

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

Total of Sections #1 and #2	\$
Total of Sections #3 and #4	\$
Total from IKS-M01	\$
TOTAL DUE THIS FORM	\$

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: _____

IKS-M02B