

Speedway Karting Association of Australasia

69 West Fyans Street,Newtown, VIC 3220

Email: secretary@skaa.gov.au

SKAA Driver Application Form 2019-20	20
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I (Name):			M / F of			
Postal Address:						
	Post Code:					
Contact Ph No:		Date of Birth:				
Email:						
		Expiry Date:				
		Kart No:				
Club Membership Paid Date:						
Classes Racing:						
I confirm that I have made this or any other SKAA C	de this one applicat	tion for an SKAA I	_	and have not applied to		
		Applicable	e Charge			
Annual Driver Levy	\$20.00					
Log Book Purchase	\$10.00					
Sub Junior Restrictor Plate	\$15.00					
	TOTAL:					
Driver Signature:			Date:			
AND	·					
(parent/guardian if Driver is under 18)		(Paren	(Parent/Guardian Speedway Australia Licence Number)			
Application form and Payment to	be returned to Dri	ver's Club Secreta	ry			
CLUB PAYMENT DETSAILS:						
BSB:	Account N	t Number:				
Office Use: New Log Book Issued	l:	Date:	Receipt	No:		