



2010 FWT ROOKIE FORM

DRIVER NAME: _____ **DRIVER BIRTH DATE:** _____

CLASS REQUESTED: _____ **YEARS RACING KARTS:** _____

LAST 4 RACE DATES/LOCATIONS/RESULTS

RACE 1: DATE: _____ CLASS: _____ SERIES: _____ RESULT: _____

RACE 2: DATE: _____ CLASS: _____ SERIES: _____ RESULT: _____

RACE 3: DATE: _____ CLASS: _____ SERIES: _____ RESULT: _____

RACE 4: DATE: _____ CLASS: _____ SERIES: _____ RESULT: _____

WEB ADDRESSES FOR PARTICIPATION RESULTS: _____

OFFICIALS RECOMMENDATION

This form must be presented to an official RMC administrator for Rotax Micro Max or Rotax Mini Max participation or your local series administrator for Formula Cadet participation.

As an official RMC administrator or the designated series administrator it is my opinion that this driver has the required skills and knowledge necessary to compete safely and competitively at the 2010 Florida Winter Tour.

RMC Administrator or Series Official: _____
Printed Name

Official Position: _____

Signature: _____ Date: _____

PARENTS CERTIFICATION

I certify that I am the parent of the driver named on this form, and that all the information submitted on this form is accurate. I stipulate that I understand that the Formula Kart Productions Florida Winter Tour is a motorsports competition and that my child is participating in this competition with the knowledge that motorsports competitions are inherently dangerous and could cause serious injury or death. I understand that Formula Kart Productions reserves the right to refuse participation at any time.

Parent Name: _____

Parent Signature: _____ Date: _____

Fax completed form to 850-265-1041 or email to info@formulakart.com