

**Bay of Plenty Kart Club Inc**  
**Membership Renewal Application**  
**2017-2018 Indemnity and Declaration**



This is to certify that I/we the undersigned submit this application to become a member of the Bay of Plenty Kart Club Inc, and to compete in the club's race and practice days (official and unofficial) at the Fagans Valley raceway, Te Puke

I/we hereby agree to indemnify the associations known as the FIA, the CIK, the MSNZ Inc, all sponsors and all other members, officials, officers, assistants or helpers of any of the named or known organisations, against any injury or accident to myself, or any damage to my kart or equipment, whether in practice or competition.

I/we hereby declare I/we are fully conversant with current KartSport New Zealand and Bay of Plenty Kart Club rules governing kart racing. That my kart and driving apparel will be presented for examination to the standard specifications required and that I will abide by all Bay of Plenty Kart Club and KartSport NZ rules and supplementary rules which apply which apply and the direction of the stewards of the day without losing my right of appeal as per the rules.

I consent to the collection of the details below by the Bay of Plenty Kart Club for the purpose of a membership record and for Bay of Plenty Kart Club to retain and disclose to KartSport NZ, SPARC, funding agencies and sponsors, I acknowledge my right to access and correction of this information. This consent is given in accordance with the Privacy Act 1993.

**NAME:** \_\_\_\_\_

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

**ADDITIONAL NAMES :** \_\_\_\_\_

**FAMILY MEMBERSHIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_ **WORK:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **RACING CLASS:** \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:**  
**(If applicant is under 18 years)** \_\_\_\_\_ **Date:** \_\_\_\_\_

Youth Racing \$50.00	Senior Racing \$60.00	Family Membership \$70.00
Social Member \$30.00	Trailer Site \$50.00	
Total Payment	\$	Receipt No:

What area can you / your family assist in (Please circle):  
 Kitchen / Scrutineering / Bar / Lap Scoring / Race Day Help / Working Bee's / Stewarding

Keys for practice are available from:

Peter Benner: 0272857312                      Grant Newlove: 0278893000                      Alistair Rea: 0274584555

Please make cheques payable to: BOP Kart Club Inc. **Bank Account: 02-0372-0085287-00** (please use your name as reference & racing class in the code fields)

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**Postal Address:** PO Box 1002 , Mt Maunganui 3152, **Email:** [bopkartclub@gmail.com](mailto:bopkartclub@gmail.com) **Track Location:** Fagans Valley Raceway, Alley Rd, Te Puke