

# NNKC 2004 Racing Season Pass Application



Home of Desert Park Raceway

Northern Nevada Kart Club  
P.O. Box 20626,  
Reno NV 89515-0626

Contact: Club Secretary, Graeme Fraser  
(530) 550-9397 or gfraser@cisco.com

<b>NNKC Use Only:</b>
Date Received: _____
Member #: _____
Check #: _____
Season Pass #: _____
Date Mailed: _____

Please complete one application per driver. Please print clearly.

## Overview

A racing Season Pass is available to encourage members to participate in more races and to allow the club to simplify and streamline the registration of drivers. The Season Pass is available to any driver and may be purchased at any time during the year.

### Restrictions:

- Valid for 2004 only
- Not valid for Reno IKF race or other non-NNKC championship races (i.e. fun race)
- Non-transferable (i.e. only valid for the person named on the application)
- One season pass required for each class a driver is competing in

## Fees (Check one)

- |  |       |                              |
|--|-------|------------------------------|
| <input type="checkbox"/> Standard Season Pass (NNKC member)..... | \$330 | <b>Amount Paid: \$</b> _____ |
| <input type="checkbox"/> Standard Season Pass (Non-member).....  | \$420 |                              |
| <input type="checkbox"/> Cadet Season Pass (NNKC member).....    | \$90  |                              |
| <input type="checkbox"/> Cadet Season Pass (Non-member).....     | \$135 |                              |

### Season pass includes:

- Full season of NNKC Championship races in 2004 (Tune-up + 10 points races)
- Pre-registration for all races
- 11 pre-printed tech forms
- 11 wristbands (1 per race, handed out on race day)

## Driver Information

Name: \_\_\_\_\_ IKF #: \_\_\_\_\_ AMB Transponder #: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Kart Number: \_\_\_\_\_ Class: \_\_\_\_\_

### Non-members please include the following information:

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Health Insurance Carrier: \_\_\_\_\_

## Method of Payment (Check one)

- Check     Money Order     Visa     MasterCard

Card Number \_\_\_\_\_  
Cardholder Name \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Cardholder Signature \_\_\_\_\_