



Mackay and District Kart Club Inc  
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## CLUB KARTING LICENCE APPLICATION

### Personal Information

Full Name: \_\_\_\_\_  
*Christian Name/s* *Surname* .

Address: \_\_\_\_\_  
*# - Street Address*

\_\_\_\_\_ *Suburb / City* *State* *Post Code*

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

### Previous motorsport experience or Motorsport Licence held

Licence : \_\_\_\_\_ Organization: \_\_\_\_\_

Start Date: \_\_\_\_\_ Grading \_\_\_\_\_

### Emergency Contact Information

Full Name: \_\_\_\_\_  
*Christian Name/s* *Surname* .

Address: \_\_\_\_\_  
*# - Street Address*

\_\_\_\_\_ *Suburb / City* *State* *Post Code*

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

<b>OFFICE Use:</b> <b>Date Accepted</b>	<b>Paid</b>	<b>Issued by:</b>
<b>Licence Issued:</b> <b>Expiry</b>	<b>#</b>	