



Rotax Results Return Form

Event Date: _____

Event Name: _____

Club Name: _____

Representatives Name: _____

Club Phone: _____

Club Email: _____

Class: _____

Number in Class: _____

| Position | Driver |
|----------|--------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

NOTE: Form must be complete in all respects. One form required per class.
Class MUST be run on MOJO tyre (TaG not eligible for points).

PLEASE FAX COMPLETED FORM TO: 02 4735-1065 OR
Email as a PDF file to rotax@internationalkarting.com.au