

SSI

Karting

Championship 2014 - 15



Registration Sheet

Team: _____
 (i.e. 1st team/2nd team/3rd team)

No.	Name	Student Number	Date of Birth	Please Tick Relevant Column			
				Under Grad	Post Grad	Part Time	Full Time
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Admissions Office Sign Off

Name	Date
Signature	Institution Stamp

Please return form to: Student Sport Ireland, Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15.