



VDKA REGISTRATION

NAME: _____ VDKA MEMBERSHIP # _____

CLASS: _____ KART # _____

CLASS: _____ KART #: _____

CLASS: _____ KART # _____

CLASS: _____ KART #: _____

\$45 per class

PAID:\$ _____ DATE _____ TRAN #: _____

(Bring on Race Day or Mail to: VDKA, C/O Pete Guthrie, 9005 Shady Grove Road, Mechanicsville, VA 23116)



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