

TESTING FORM

DATE: / /

- Name: _____
- Family Name: _____
- Phone Number: _____
- Driver Number: _____
- Testing Slots:

A 1 - 3 - 5 - 7 - 8 - 10 - 11 - 13 - 15 - 20 - 27 - 29 - 31 - 36

B 2 - 4 - 6 - 9 - 12 - 14 - 16 - 21 - 28 - 30 - 32 - 37

C 17 - 22 - 33 - 38

D 18 - 23 - 34 - 39

E 19 - 24 - 35 - 40

F 25 - 41

G 26 - 42

DRIVER OR LEGAL
GUARDIAN SIGNATURE

*****This form should be submitted and SIGNED as a hard copy before the 7th of November 2025 at 14h00 along with the Proof of Payment at BLTZ Racing's Bureau at RPM Karting Mtein (Simulator Room).***