

Club de Kart Chiclana S.L.
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Reservation request

for a race (for parties of 10 persons or more):

Party-organizer: _____

Name: _____

1st name: _____

Address: _____

Post code/ city: _____

Country: _____

Phone: _____

Fax: _____

E-Mail: _____

Desired date: _____

Number of participants: _____

Race (please tick)

_____ with cup

_____ without cup

_____ with BBQ

_____ without BBQ