

JUNIOR DRIVER INTERVIEW (MUST BE COMPLETED WITH LICENSE FORMS)

NAME:

RACE NUMBER:

AGE:

HOME TOWN:

BROTHERS OR SISTERS:

HOBBIES:

HAVE YOU RACED ANYTHING ELSE:

TITLES/AWARDS:

FAVOURITE TRACK:

LEAST FAVOURITE TRACK:

BEST RACE:

WORST RACING INCIDENT:

FAVOURITE DRIVER ANY FORMULA:

WHICH FORMULA DO YOU WANT TO RACE WHEN OLD ENOUGH:

WHAT DO YOU LIKE ABOUT STOKKARTS:

WHAT WOULD YOU LIKE TO DO WHEN YOU LEAVE SCHOOL:

WHO WOULD YOU LIKE TO THANK