

OFFICIAL ENTRY FORM

14th Annual USMTS Spring Classic
Hamilton County Speedway
Webster City, Iowa
Wednesday, May 22, 2024



USMTS Rules apply. All drivers must draw each day prior to the drivers meeting. Qualifying will be done through heat race passing points and "B" Mains. Typically, the top 12 or 16 in passing points are locked into the "A" Main. The top 8 redraw and 12 or more advance from the "B" Main(s). RACEceivers and AMB transponders are mandatory and available for rent.

Entry Fee \$100 (licensed) or \$110 (non-licensed) by May 21. Raceday is \$125.

Licensed: 1. \$3000, 2. \$1700, 3. \$1200, 4. \$900, 5. \$800, 6. \$700, 7. \$650, 8. \$600, 9. \$575, 10. \$550, 11. \$525, 12. \$500, 13. \$475, 14. \$470, 15. \$465, 16. \$460, 17. \$455, other starters \$560, non-qualifiers \$100.

Non-Licensed: 1. \$3000, 2. \$1500, 3. \$1000, 4. \$700, 5. \$600, 6. \$500, 7. \$450, 8. \$400, 9. \$350, 10. \$325, 11. \$300, other starters \$250, non-qualifiers \$100.

Enter online at usmts.com/register or call **(515) 832-7944**

ONLINE REGISTRATION ADD \$10 SERVICE FEE

CREDIT CARD BY PHONE ADD 4% SERVICE FEE

NO REFUNDS

Support Classes: USRA Stock Cars, USRA B-Mods, USRA Hobby Stocks and USRA Tuners.

TIMES

Pits Open 3 p.m.
Grandstands Open 5 p.m.
Drivers Meeting 6:30 p.m.
Hot laps 6:45 p.m.
Racing 7:15 p.m.

PRICES

Adults \$20
Seniors (62+) \$17
Juniors (12-16) #10
Kids (11 & Under) FREE
Pits Adult \$40
Pits Kids \$20

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By filling out and submitting this form indicating my entry for the event designated, I agree to abide by the rules and regulations of the USMTS and hosting racetrack. Furthermore, I understand there will be no refunds on entry fees. Check the box next to the class you're entering, complete the form, and then submit completed form.

Entry Fee \$100 (licensed) or \$110 (non-licensed) by May 21. Raceday is \$125.

Driver's Name _____ Car # _____ Chassis _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Other Phone (_____) _____ - _____ (Phone Type)

Social Security or Tax ID # _____ - _____ - _____ Date of Birth ____/____/____ (mm/dd/yy)

Email Address _____ Website Address _____

Sponsor _____ Transponder # _____

If owner is different than driver, complete the following information:

Owner's Name _____ Social Security or Tax ID # _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Make check payable to USMTS and mail to PO BOX 905, WEBSTER CITY IA 50595

For credit card purchases, please complete the following:

NAME ON CARD _____ CARD NUMBER _____

EXP DATE _____ CARD TYPE (circle one): Visa / Mastercard CVC# _____ (three-digit number on back of card)

ONLINE REGISTRATION ADD \$10 SERVICE FEE. CREDIT CARD TRANSACTIONS BY PHONE ADD 4% SERVICE FEE. NO REFUNDS