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 \$125 by May 21 or \$150 on raceday.

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 \$450, 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

 ${\bf Support\ Classes:\ USRA\ Stock\ Cars,\ USRA\ B-Mods,\ USRA\ Hobby\ Stocks\ and\ USRA\ Tuners.}$

TIMES

Pits Open 4 p.m. Grandstands Open 5 p.m. Drivers Meeting 6:45 p.m. Hot laps 7 p.m. Racing to follow

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 \$125 by May 21 or \$150 on raceday.

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 Addres	SS			
Sponsor					
	If owner is different than driver, complete the f	following informa	ition:		
Owner's Name	Social Security or Tax ID #				
Address	City		_ State _	Zip	
Make	e check payable to USMTS and mail to PO BOX For credit card purchases, please complete to	•	R CITY I	A 50595	
NAME ON CARD	CARD NUM	BER			
	CARD TYPE (circle one): Visa / Mastercard (-	