

OFFICIAL ENTRY FORM 9th Annual USMTS Juggernaut Tri-State Speedway – Pocola, Okla. Saturday, April 20, 2024



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

Entry Fee \$200 by April 18 or \$250 on raceday

Licensed: 1. \$ 5000, 2. \$3500, 3. \$2500, 4. \$2000, 5. \$1500, 6. \$1200, 7. \$1100, 8. \$1050, 9. \$1000, 10. \$975, 11. \$950, 12. \$940, 13. \$935, 14. \$930, 15. \$925, 16. \$920, 17. \$915, 18. \$910, 19. \$905, other starters \$900, non-qualifiers \$150.

Non-Licensed: 1. \$ 5000, 2. \$3000, 3. \$2000, 4. \$1500, 5. \$1000, 6. \$900, 7. \$850, 8. \$800, 9. \$775, 10. \$750, 11. \$740, 12. \$730, 13. \$725, 14. \$720, 15. \$715, 16. \$710, 17. \$705, other starters \$700, non-gualifiers \$150.

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: 45th Annual Cecil Harlan Kegger featuring USRA Stock Cars (\$1500 to win), USRA B-Mods (\$2000 to win) and Sunoco USRA Factory Stocks (\$1000 to win). Support classes qualify Friday.

TIMES

Pits open 3 p.m. Grandstands open 5 p.m. Hot laps 7 p.m. Racing 7:30 p.m.

TICKETS Adults 13 & up \$15 Youth 5-12 \$5 Military FREE with ID Under 5 FREE

PIT PASSES

Adults 13 & up \$40 Youth 5-12 \$25 Under 5 FREE

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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 \$200 by April 19 or \$250 on raceday

Driver's Name	Car # Chas	ssis
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 followin	g information:
Owner's Name	Social Security or Ta	ax 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# ONLINE REGISTRATION ADD \$10 SERVICE FEE. CREDIT CARD TRANSACTIONS BY PHONE AD	