

OFFICIAL USMTS ENTRY FORM

RULES & PROCEDURES: USMTS rules apply. Draw for heat race starting spot ends 15 minutes before hot laps. Qualifying will be done by heat race passing points and "B" Mains. RACEivers and AMB transponders are mandatory and available for rent or purchase at USMTS trailer. See complete rules at www.usmts.com.

EVENT PAYOFF: *Licensed* – 1. \$3000, 2. \$1700, 3. \$1200, 4. \$1000, 5. \$900, 6. \$800, 7. \$700, 8. \$650, 9. \$600, 10. \$550, 11. \$500, 12. \$450, 13. \$425, 14. \$400, 15. \$375, 16. \$350, 17. \$325, 18-24. \$300, Tow \$90; *Non-Licensed* – 1. \$3000, 2. \$1500, 3. \$1000, 4. \$900, 5. \$800, 6. \$700, 7. \$600, 8. \$550, 9. \$500, 10. \$450, 11. \$400, 12. \$375, 13. \$350, 14. \$325, 15. \$300, 16. \$275, 17-24. \$250, Tow \$75.

LICENSES: A USMTS license is not required to compete in any USMTS event. Benefits for licensed drivers includes higher payouts, bonuses, reduced entry fees, points funds, driver profile page on the USMTS website and more. The cost of an MSD Central Region license is \$150.

ENTRY FEES: Entry fee received prior to race day is \$100 for licensed drivers or \$110 for non-licensed drivers. Entry fee is \$125 for all drivers on race day.

PROVISIONALS: Beginning with the third event in the region, provisionals will be awarded to the two (2) licensed drivers ranked highest in regional points that fail to qualify for the "A" Main and have perfect attendance in the region. Each driver is eligible for two (2) provisionals in each region, with a third added after ten (10) events. Promoter may add additional starters, but no "A" Main points will awarded to those drivers.

TOP DOG BONUS: Beginning with the third event in the region, drivers among the top 10 in points and with perfect attendance in the region are guaranteed a minimum of \$400 in total winnings.

MANDATORY DECALS: American Racer, Casey's General Store, CP-Carrillo, Fast Shafts, Mesilla Valley Transportation, MSD, S&S Fishing & Rental, Summit Racing Equipment and USMTS. Others are required to be eligible for contingency awards.



THURSDAY, APRIL 20

2nd Annual Cage Match
Atchison County Raceway, Atchison, KS

FRIDAY, APRIL 21

6th Annual Rumble on the River
Lakeside Speedway, Kansas City, KS

SATURDAY, APRIL 22

9th Annual Missouri Meltdown
I-35 Speedway, Winston, MO

TUESDAY, JUNE 6

3rd Annual Event
Caney Valley Speedway, Caney, KS

WEDNESDAY, JUNE 7

6th Annual USMTS vs. NCRA Challenge
81 Speedway, Park City, KS

THURSDAY, JUNE 8

Inaugural Event
Salina Speedway, Salina, KS

SATURDAY, JUNE 10

7th Annual Malvern Bank Dual
Adams County Speedway, Corning, IA

FRIDAY-SATURDAY, JULY 21-22

7th Annual Silver Dollar Nationals
I-80 Speedway, Greenwood, NE
(see separate entry form)

USMTS CASEY'S CUP POWERED BY S&S FISHING & RENTAL - MSD CENTRAL REGION PRESENTED BY SUMMIT RACING

By filling out and submitting this form indicating my entry for the event(s) designated, I agree to abide by the rules and regulations of the USMTS and hosting racetrack. Furthermore, I understand that there will be no refunds on any entry fees if failing to show up.

- | | |
|---|---|
| <input type="checkbox"/> 4/20 - Atchison County Raceway | <input type="checkbox"/> 6/7 - 81 Speedway |
| <input type="checkbox"/> 4/21 - Lakeside Speedway | <input type="checkbox"/> 6/8 - Salina Speedway |
| <input type="checkbox"/> 4/22 - I-35 Speedway | <input type="checkbox"/> 6/10 - Adams County Speedway |
| <input type="checkbox"/> 6/6 - Caney Valley Speedway | |

Driver's Name _____ Car # _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone (_____) - _____ - _____ Other Phone (_____) - _____ - _____ [Phone Type]
 Social Security or Tax ID # _____ - _____ - _____ Date of Birth _____ / _____ / _____ (mm/dd/yyyy)
 Chassis Manufacturer _____ Engine Builder _____
 Sponsors _____

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: P.O. Box 905, Webster City, IA 50595

For credit card purchases, please complete the following and mail to above address or fax to (515) 832-7958

NAME ON CARD _____ CARD # _____
 EXP DATE _____ / _____ (mm/yy) CARD TYPE (circle one) **VISA** CVC _____ (three-digit number on back of card)