

OFFICIAL ENTRY FORM

11th Annual North Iowa Nationals

presented by Kabrick Distributing

Pritchard Family Auto Stores
Mason City Motor Speedway – Mason City, Iowa
Sunday, September 1, 2024



USMTS rules apply. All drivers draw for heat race starting spot 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 advance to the A-Main, the top 8 redraw, and then 12 or more advance from the B-Main(s). RACEceivers and AMB transponders mandatory and available for rent.

ENTRY FEE \$125 BY AUGUST 31 OR \$150 AT THE GATE

Jerry Hejna Memorial presented by Rookies Rockin' Sports Bar

Licensed – 1. \$5000, 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. \$5000, 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

Track Configuration: 1/3-mile high-banked clay oval.

Location: 3700 4th St SW, Mason City, IA 50401.

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

11th Annual USMTS North Iowa Nationals, Pritchard Family Auto Stores Mason City Motor Speedway, Sept. 1, 2024

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. Complete the form, and then submit your completed form.

ENTRY FEE \$125 BY AUGUST 31 OR \$150 AT THE GATE

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)

NO REFUNDS. ALL CREDIT CARD TRANSACTIONS ADD 4% SERVICE FEE