

# OFFICIAL ENTRY FORM

## 4th Annual Modified Spooktacular

### Presented by RacinDirt

Mel Hamblen Racing USMTS Central Region  
81 Speedway - Park City, Kansas  
Saturday, October 26, 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 \$200 BY OCTOBER 25 OR \$250 AT THE GATE

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-qualifiers \$150.

Enter online at [usmts.com/register](https://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:** 3/8-mile high-banked dirt oval.

**Location:** 7700 N Broadway, Park City, KS 67219.

**Support Classes:** JL Property Management 316 A-Mods and Allied Energy & Battery Stock Cars.

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

## ENTRY FEE \$200 BY OCTOBER 25 OR \$250 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