

OFFICIAL ENTRY FORM

USMTS.com Iowa Spring Challenge

Hancock County Speedway - Britt, IA

Friday, May 23, 2025



USMTS rules apply. All drivers draw for qualifying starting spot prior to the drivers meeting. Qualifying will be done through group qualifying, heat race passing points and B-Mains. Typically, the top 12 or 16 in passing points advance to the A-Main and as many as the top redraw and/or are inverted. The remainder lineup heads up by points with an additional 12 or more advancing from the B-Main(s). RACEceivers and AMB transponders are mandatory and available for rent.

Entry Fee \$175 by May 22 or \$225 at the gate

Licensed: 1. \$5000, 2. \$3000, 3. \$2000, 4. \$1500, 5. \$1000, 6. \$900, 7. \$850, 8. \$825, 9. \$800, 10. \$775, 11. \$750, 12. \$740, 13. \$730, 14. \$725, 15. \$720, 16. \$715, 17. \$710, 18. \$705, start \$700, tow \$120.

Non-Licensed: 1. \$5000, 2. \$3000, 3. \$2000, 4. \$1500, 5. \$1000, 6. \$900, 7. \$800, 8. \$750, 9. \$700, 10. \$675, 11. \$650, 12. \$625, 13. \$600, 14. \$575, 15. \$550, 16. \$540, 17. \$535, 18. \$530, 19. \$525, 20. \$520, 21. \$515, 22. \$510, 23. \$505, start \$500, tow \$120.

Enter online at usmts.com/register or call (515) 832-7944

ONLINE REGISTRATION ADD \$15 SERVICE FEE • CREDIT CARD BY PHONE ADD 4% SERVICE FEE • NO REFUNDS

Track Configuration: 3/8-mile semi-banked dirt oval

Track Location: 2210 Jewell Ave, Britt, IA 50423

Technical Questions: Darlo Mulder [\(515\) 835-9946](tel:5158359946)

USMTS.com Iowa Spring Challenge, Hancock County Speedway, Britt, Iowa, May 23, 2025

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 \$175 by May 22 or \$225 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