

# OFFICIAL ENTRY FORM

## 21st Annual USMTS Southern Minnesota Spring Challenge

Deer Creek Speedway - Spring Valley, MN  
Saturday, May 24, 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 \$200 by May 23 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, start \$900, tow \$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, start \$700, tow \$150.

### Enter online at [usmts.com/register](http://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:** 25262 US 63, Spring Valley, MN 55975

**Technical Questions:** Darlo Mulder (515) 835-9946

#### 21st Annual USMTS Southern Minnesota Spring Challenge, Deer Creek Speedway, Spring Valley, Minn., May 24, 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 \$200 by May 23 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