

OFFICIAL ENTRY FORM

12th Annual USMTS North Iowa Nationals + Jerry Hejna Memorial

Mason City Motor Speedway – Mason City, IA
Sunday, May 25, 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 \$125 by May 24 or \$150 at the gate

Licensed: 1. \$3000, 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, start \$450, tow \$100.

Non-Licensed: 1. \$3000, 2. \$1500, 3. \$1000, 4. \$800, 5. \$700, 6. \$600, 7. \$550, 8. \$500, 9. \$475, 10. \$450, 11. \$425, 12. \$400, 13. \$375, 14. \$350, 15. \$325, start \$300, tow \$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: 3/8-mile semi-banked dirt oval

Track Location: 2210 Jewell Ave, Britt, IA 50423

Technical Questions: Darlo Mulder (515) 835-9946

12th Annual USMTS North Iowa Nationals + Jerry Hejna Memorial, Mason City Motor Speedway, Mason City, Iowa, May 25, 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 \$125 by May 24 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