OFFICIAL ENTRY FORM 12th Annual USMTS War in West Union Fayette County Speedway – West Union, IA Wednesday, June 11, 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 heat race passing points advance to the A-Main. The top 8 will redraw for starting positions 1-8. The remainder line up 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 June 10 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 \$15 SERVICE FEE • CREDIT CARD BY PHONE ADD 4% SERVICE FEE • NO REFUNDS

Track Configuration: 3/8-mile semi-banked clay oval **Track Location:** 504 S Vine St, West Union, IA 52175 **Technical Questions:** Darlo Mulder (515) 835-9946

12th Annual USMTS War in West Union, Fayette County Speedway, Webster City, Iowa, May 22, 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.

Entr	y Fee: \$125 by June 10 o	or \$150 a	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	of Birth	/	/	(mm/dd/yy)
Email Address	Website Add	ress			
Sponsor	Transponder #				
	If owner is different than driver, complete th	e following inforn	nation:		
Owner's Name	Social Security or Tax ID #				
Address	City		State _	Zip	
	heck payable to USMTS and mail to PO BC For credit card purchases, please comple CARD NU	ete the following:			
	_ CARD TYPE (circle one): Visa • Mastercard				
	NO REFUNDS. ALL CREDIT CARD TRANSACTION:	S ADD 4% SERVICE F	FEE		