

OFFICIAL ENTRY FORM

14th Annual Summersota Nationals

Casino Speedway – Watertown, SD
Tuesday, June 17, 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 16 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: 1/4-mile high-banked clay oval

Track Location: 104 S Lake Dr, Watertown, SD 57201

Technical Questions: Darlo Mulder (515) 835-9946

14th Annual Summersota Nationals, Casino Speedway, Watertown, S.D., June 17, 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 JUNE 16 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