## **OFFICIAL ENTRY FORM 11th Annual Summer Spectacular** Fairmont Raceway – Fairmont, MN Thursday, July 17, 2025



USMTS rules apply. All drivers draw for qualifying starting spot prior to the drivers meeting. Qualifying will be done through group gualifying, 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 JULY 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. \$700, 5. \$600, 6. \$500, 7. \$450, 8. \$400, 9. \$350, 10. \$325, 11. \$300, start \$250, 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: 1/2-mile high-banked dirt oval Track Location: 1300 N Bixby Rd, Fairmont, MN 56031 Technical Ouestions: Darlo Mulder (515) 835-9946

<b>11th Annual Summer Spectacular, Fairmont Raceway, Fairmont, Minn., July 17, 2025</b> 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 JULY 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	f Birth/	/	(mm/dd/yy)
Email Address	Website Addre	ess		
Sponsor	Transponder #			
If owner is different than driver, complete the following information:				
Owner's Name	Social Secur	ity or Tax ID #		
Address	City	Stat	te 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				
	CARD TYPE (circle one): Visa • Mastercard			
NO REFUNDS. ALL CREDIT CARD TRANSACTIONS ADD 4% SERVICE FEE United States Modified Touring Series, Inc. • PO Box 905, Webster City, IA 50595 • Phone (515) 832-7944 • info@usmts.com • usmts.com				