

OFFICIAL ENTRY FORM

5th Annual Mod Wars – Night 1 of 3

Princeton Speedway – Princeton, MN

Friday, July 18, 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 \$175 BY JULY 17 OR \$225 AT THE GATE

Licensed: 1. \$5000, 2. \$3000, 3. \$2000, 4. \$1500, 5. \$1000, 6. \$900, 7. \$850, 8. \$825, 9. \$800, 10. \$775, 11. \$750, 12. \$740, 13. \$730, 14. \$725, 15. \$720, 16. \$715, 17. \$710, 18. \$705, start \$700, tow \$120.

Non-Licensed: 1. \$5000, 2. \$2500, 3. \$1500, 4. \$1000, 5. \$800, 6. \$700, 7. \$600, 8. \$550, 9. \$500, 10. \$475, 11. \$450, 12. \$425, 13. \$420, 14. \$415, 15. \$410, 16. \$405, start \$400, 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: 1400 3rd Street N, Princeton, MN 55371

Technical Questions: Darlo Mulder (515) 835-9946

5th Annual Mod Wars – Night 1 of 3, Princeton Speedway, Princeton, Minn., July 18, 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 \$175 BY JULY 17 OR \$225 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