

# OFFICIAL ENTRY FORM

## 5th Annual Mod Wars – Night 2 of 3

Ogilvie Raceway – Ogilvie, MN  
Saturday, July 19, 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 \$200 BY JULY 18 OR \$250 AT THE GATE

Licensed: 1. \$5000, 2. \$3500, 3. \$2500, 4. \$2000, 5. \$1500, 6. \$1200, 7. \$1100, 8. \$1050, 9. \$1000, 10. \$975, 11. \$950, 12. \$940, 13. \$935, 14. \$930, 15. \$925, 16. \$920, 17. \$915, 18. \$910, 19. \$905, start \$900, tow \$150.

Non-Licensed: 1. \$5000, 2. \$3000, 3. \$2000, 4. \$1500, 5. \$1000, 6. \$900, 7. \$850, 8. \$800, 9. \$775, 10. \$750, 11. \$740, 12. \$730, 13. \$725, 14. \$720, 15. \$715, 16. \$710, 17. \$705, start \$700, tow \$150.

**Enter online at [usmts.com/register](http://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 high-banked clay oval

**Track Location:** 539 Hwy 23, Ogilvie, MN 563581

**Technical Questions:** Darlo Mulder (515) 835-9946

### 5th Annual Mod Wars – Night 2 of 3, Ogilvie Raceway, Ogilvie, Minn., July 19, 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 \$200 BY JULY 18 OR \$250 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