

OFFICIAL ENTRY FORM

7th Annual Grant Junghans Memorial

Presented by Shop Quik Convenience Stores Lakeside Speedway, Kansas City, Kan. Friday, October 27, 2023

USMTS rules apply. All Drivers must draw each day prior to the drivers meeting. Qualifying will be done through heat race passing points and "B" Mains. Heat races will be lined up by group qualifying (time trials) with best six inverted for first six heat race starting spots, with remainder heads up for heat race lineup. The top 12 or 16 in passing points locked into "A" Main. The top 8 redraw and 12 advance from the "B" Mains to the "A" Main. RACEceivers and AMB transponders mandatory and available at sign-in.

USMTS PAYOUTS: 1. \$12,002, 2. \$5502, 3. \$3502, 4. \$2502, 5. \$2002, 6. \$1802, 7. \$1702. 8. \$1602. 9. \$1502. 10. \$1472. 11. \$1452. 12. \$1422. 13. \$1402. 14. \$1392. 15. \$1382. 16. \$1372. 17. \$1362, 18. \$1352, 19. \$1342, 20. \$1332, 21. \$1322, 22. \$1312, other starters \$1302. Non-qualifiers \$152.

No license required.

USRA STOCK CARS \$1,002 TO WIN, \$152 TO START (\$25 ENTRY FEE) USRA B-MODS \$1,002 TO WIN, \$152 TO START (\$25 ENTRY FEE)

ENTER ONLINE AT USMTS.COM/REGISTER OR CALL (515) 832-7944

THE GRANT JUNGHANS MEMORIAL FUND SUPPORTS RESEARCH AND FUNDING FOR CHILDHOOD CANCER GRANTJUNGHANS.COM/DONATE

TICKETS

ADULTS \$30 SENIORS 65+ \$25 MILITARY \$25

YOUTH 11-16 \$20 Kids 6-10 \$10 **58UNDER FREE SUITES \$40**

PIT PASSES

ADULTS \$45 KIDS 6-10 \$30 **58 UNDER FREE**

\$2 from each adult ticket and \$5 from each adult pit pass goes to the Grant Junghans Memorial Fund

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		efore October 27 hans Memorial Fu				n October 2 ns Memorial		
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								
	lf :	owner is different the	an driver, complete the	following inform	nation:			
Owner's Name		Social Security or Tax ID #						
Address			City		State	Zip		
	Make check pa	yable to USMTS a	and mail to PO BO	K 905, WEBS	TER CITY	IA 50595		
		For credit card	purchases, please complete	the following:				
NAME ON CARD_		CARD NUMBER						
EXP DATE	CARD	TYPE (circle one): Vi	sa / Mastercard C	:VC#	(three-did	git number on l	back of card card)	