



OUT-PACE USRA B-MOD ENTRY FORM

King of America VII presented by Summit Racing
Humboldt Speedway, Humboldt, Kan.
Thursday-Saturday, March 23-25, 2017
Practice Wednesday, March 22, 6-9 p.m.



PAYOUTS

Thursday: 1. \$600, 2. \$450, 3. \$350, 4. \$250, 5. \$200, 6. \$170, 7. \$150, 8. \$130, 9. \$115, 10. \$100, 11. \$95, 12. \$90, 13. \$85, 14. \$80, 15-24. \$75; Tow \$40.

Friday: 1. \$1500, 2. \$1000, 3. \$700, 4. \$600, 5. \$500, 6. \$400, 7. \$300, 8. \$250, 9. \$220, 10. \$200, 11. \$180, 12. \$160, 13. \$150, 14. \$140, 15. \$135, 16. \$130, 17-24. \$125; Tow \$60.

Saturday: 1. \$1000, 2. \$700, 3. \$500, 4. \$400, 5. \$300, 6. \$250, 7. \$220, 8. \$200, 9. \$170, 10. \$150, 11. \$140, 12. \$130, 13. \$120, 14. \$115, 15. \$110, 16. \$105, 17-24. \$100; Tow \$50.

RULES: Points will be awarded in the Iron Man Challenge for Out-Pace USRA B-Mods and Summit Racing USRA Weekly Racing Series national points for Out-Pace USRA B-Mods. All USRA rules apply. For complete rules, visit www.usraracing.com/rules.

QUALIFYING PROCEDURES: There will be a complete show of heat races and feature events each night. Drivers will draw for heat race starting spots. The top 12 in passing points advanced to the "A" Main with the remainder transferring from the "B" Mains. Wednesday's practice may be the only night for hot laps.

Promoter reserves the right to adjust qualifying procedures due to unforeseen circumstances and/or adverse weather conditions.

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By filling out and submitting this form indicating my entry for the event(s) designated, I agree to abide by the rules and regulations of the USRA and hosting racetrack. Furthermore, I understand that there will be no refunds on any entry fees if failing to show up.

- ENTRY FEE IS \$100 IF RECEIVED ON OR BEFORE MARCH 20.
- ENTRY FEE IS \$125 IF RECEIVED AFTER MARCH 20 BUT NO LATER THAN MARCH 22.
- ENTRY FEE IS \$25 THURSDAY OR \$40 AT GATE; \$75 FRIDAY OR \$100 AT GATE; \$50 SATURDAY OR \$75 AT 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/yyyy)
 Email _____ Website _____ Engine Builder _____
 Sponsors _____

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 USRA and mail to: P.O. Box 905, Webster City, IA 50595

For credit card purchases, please complete the following and mail to above address or fax to 515-832-7958

NAME ON CARD _____ CARD NUMBER _____
 EXP DATE _____ CARD TYPE (circle one): Visa / Mastercard CVC# _____ (three-digit number on back of card)