

Cut and mail to: Mt Lawn Speedway 1494 S CR 400 W New Castle, In 47362

DRIVER INFORMATION - PLEASE PRINT - BE SURE TO SIGN ENTRY AT BOTTOM

Name _____ Hometown _____

Contact cell phone # _____ E-mail address _____

Entry Fee of \$70 is due on race day - \$15 discount if entry is received by April 10

CAR NUMBER PREFERANCE _____, _____, _____, _____, _____, _____, _____ DON'T CARE

Year/Make/Model of Car _____/_____/_____

I UNDERSTAND THAT I MUST PURCHASE A PIT PASS ON RACE DAY AND IF I DO NOT ABIDE BY THE INTENT OF THE RULES TO KEEP MY CAR STOCK I WILL BE DQ'D AND WILL LOSE MY ENTRY FEE. SIGNATURE OF DRIVER: _____

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