

JAYHAWK SHOOTOUT – TOM KARRICK MEMORIAL SCRAMBLE

DRIVER ENTRY - PLEASE write clearly and legibly!



Send Entry to:

Lakeside Speedway

1811 Linn Ave

Marshall, MO 65340

Attention: Karen Darling

PRE-REGISTRATION: Special 2 Day Entry Fee offer: \$150 Entry Fee plus 2 day Pit Pass (valued at \$70) for \$200 (Savings of \$20). MUST BE RECEIVED BY SEPTEMBER 7, 2018

\$175 Day of Event – Entry Fee does not include Pit Pass - Pit Passes \$35

USRA – IMCA RULES - TIRES: FOLLOW UNDER USRA – IMCA RULES

A-MAIN PAYOUT: 1st)\$5,000, 2nd)\$3,000, 3rd)\$1,800, 4th)\$1,300, 5th)\$1,250, 6th)\$1,200, 7th)\$1,150, 8th)\$1,140, 9th)\$1,130, 10th)\$1,125, 11th)\$1,120. 12th) \$1,115, 13th) \$1,110, 14th) \$1,105, 15th) \$1,000, 16th)\$1,000, 17th) \$1,000, 18th)\$1,000, 19th)\$1,000, 20th)\$1,000, 21st)\$1,000, 22nd)\$1,000, 23rd)\$1,000, 24th)\$1000

*B Main pay for non-transfer to A-Main is \$100-Must take a green in order to be paid.

Payout will only be paid on night two. Driver has a second chance on night two to make the A-Main.

Driver pays only one entry fee for both nights. Only exception is if driver cannot continue on.

Tow Money (Didn't transfer to Main event or Non-Qualifier race-Must have taken a green flag) \$75

BONUS - NIGHT #1 TOM KARRICK MEMORIAL SCRAMBLE PAYOUT: 1st)\$200, 2nd)\$165, 3rd)\$135, 4th)\$100, 5th)\$90, 6th)\$85, 7th)\$80, 8th)\$75, 9th)\$70, 10th)\$70, 11th)\$70, 12th)\$70, 13th – 24th)\$60

(Top 6 Redraw for night two starting spots – spots 7-12 start in their positions)

DRIVER NAME: _____ AGE: _____ CAR # _____

ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PHONE: () _____ CELL: () _____ E-MAIL: _____

SSN # OR FEDERAL ID # OF PERSON TO GET 1099: _____

Driver Accomplishments: Race Experience (Championships, Years Racing, Special Events Won, Memorable Events, etc. (add more to back if needed): _____

Car Make Model/Chassis: _____

Engine: _____ Built by: _____ Cubic Inch: _____

Sponsors in Order of Importance: (Can put extras on back) _____

EMERGENCY CONTACT INFORMATION

Contact: _____ Phone: _____

THIS AREA FOR LAKESIDE USE ONLY

Date Paid: ____/____/____ Paid By: _____ Cash _____ Check/Check No. _____

Lakeside Employee Signature of Receipt: _____