



## 2024 Racing Season

### OFFICIAL ENTRY FORM

**Mail Entry Form to PO Box 324, Salina, OK 74365 Or turn in at Driver Check-In**

Name: \_\_\_\_\_ Division: \_\_\_\_\_

Car # \_\_\_\_\_ 2nd / 3rd Choice \_\_\_\_\_ / \_\_\_\_\_ Jacket Size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Must complete the accompanying W9 Form or entry will not be accepted. If someone other than the driver receives the checks, please indicate with recipient's name here (\_\_\_\_\_) and include their info on the W9.

NASCAR license applications can be accessed at the following link:

<https://www.nascarmembers.com/renewal.aspx>

BY SIGNING THIS ENTRY FORM YOU AGREE TO ABIDE BY ALL TRACK RULES AND REGULATIONS

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*This entry form is for the Auto Racing Program at Salina Highbanks Speedway, LLC. (Mayes County). In submitting this entry form the undersigned individuals certify that they are an independent contractor and not agents or employees of Salina Highbanks Speedway. They acknowledge Auto Racing is a dangerous activity, which could result in serious injury and/or death damage, and hereby assume full responsibility for the risk and agrees to indemnify, save and harmless the Salina Highbanks Speedway. Salina Highbanks Speedway's insurance provider is a secondary insurance company, not a primary insurance company. You are entering at your own risk.