



2026 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.