

## **2022 Racing Season**

## **OFFICIAL ENTRY FORM**

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

ivaille	Division:			
Car #	2nd / 3rd Choice	/	Jacket Size:	
Address:				
City:	State: Zip Code:		-	
Primary Phone:		Seco	ndary Phone:	
Emergency Conta	ct:	Phone:		
*Must complete t	he accompanying W9 Form	or entry wil	I not be accepted. If someone other th	nan the
driver receives the and include their i NASCAR license ap	e checks, please indicate wi	th recipient'	I not be accepted. If someone other the sname here (	

\*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.