



2016 Vintage Racing Celebration Oval Entry Form (Aug 25th and 26th)

Name - _____

Address - _____

Contact Phone - (_____) _____ Email - _____

1st Vehicle: _____ Year: _____ Make: _____ Model: _____

Race Car #: _____ Color: _____ Displacement: _____ **Entry Fee: \$175.00**

Circle Car: Midget Sprint Car Indy Car Modified Super Modified
Champ Grand National Other: _____

Wheel type: _____ DISC _____ ALLOY _____ WIRE _____ OTHER

2nd Vehicle: _____ Year: _____ Make: _____ Model: _____

Race Car #: _____ Color: _____ Displacement: _____ **Entry Fee: \$100.00**

Circle Car: Midget Sprint Car Indy Car Modified Super Modified
Champ Grand National Other: _____

Wheel type: _____ DISC _____ ALLOY _____ WIRE _____ OTHER

3rd Vehicle: _____ Year: _____ Make: _____ Model: _____

Race Car #: _____ Color: _____ Displacement: _____ **Entry Fee: \$100.00**

Circle Car: Midget Sprint Car Indy Car Modified Super Modified
Champ Grand National Other: _____

Wheel type: _____ DISC _____ ALLOY _____ WIRE _____ OTHER

Additional Driver Name _____ **Entry Fee: \$50.00 each**
(Please use other side of paper if more than 1 additional driver)

Will you need a garage? (Please check yes even if you have NO car entry) Yes: _____ No: _____

of garage spaces requested: _____ X **\$75.00** = _____ * **Garages are assigned upon arrival to the event ***

1 st Vehicle:	\$ 175.00	Medical form needed
Add'l Driver:	\$ 50.00	Medical form needed
Add'l Vehicle:	\$ 100.00 ea.	Qty: _____ = \$ _____
Garage(s):	\$ 75.00 ea.	Qty: _____ = \$ _____
**Late Fee ** \$ 35.00 ** (Entries faxed, mailed or emailed after Aug. 12th will be charged.) **		
Event Total:	\$ _____	
Payment Method:	MC – VISA – DISC - AM EX	Check # _____ Cash \$ _____
Card # _____	Exp. Date _____	CVN: _____ (3 digit code)
Signature of Card Holder: _____		
** Credit Card charges will occur upon receiving entry form **		
<u>NO REFUNDS AFTER</u> August 17th, 2016.		