

SEEKONK SPEEDWAY

2008 OFFICIAL ENTRY BLANK

Viveiros Insurance Presents

3rd Annual Open Wheel Wednesday Modified Madness

Track: Seekonk Speedway 1710 Fall River Ave., Seekonk, MA 02771 (508)336-9959

Race Director: David Alburn

Division: Modifieds

Sanctioned By: True Value Modified Series

Race Date: Wednesday – July 16, 2008 (rain date July 23rd)

Inspection: Performed by True Value Modified Series Officials

Practice: Starts at 3pm

Qualifying: Begins 7pm

100 Laps (Only Green Flag Laps Counted)

DISTRIBUTION

1	\$10,000	8	\$ 700	15	\$ 550	22	\$ 550
2	\$ 3,500	9	\$ 650	16	\$ 550	23	\$ 540
3	\$ 2,500	10	\$ 625	17	\$ 550	24	\$ 530
4	\$ 2,000	11	\$ 600	18	\$ 550		
5	\$ 1,500	12	\$ 575	19	\$ 550		
6	\$ 1,000	13	\$ 550	20	\$ 550		
7	\$ 850	14	\$ 550	21	\$ 550		
							Total Modified Purse \$ 31,070

QUALIFYING PROCEDURES

Positions will be determined by the draw. Feature will be determined by heats and consolation race. Straight up start. Cautions Do Not Count.

Technical Rules: Contact True Value Modifieds at 1-800-924-2594 or visit their web site at www.modifiedracingseries.com

\$30.00 Inspection and Registration Fee for all cars paid with this Official entry form at the speedway office prior to July 9th. **This will be applied to your pit entry the day of the show.**

\$30.00 Inspection and Registration Fee the day of the show, if not registered prior to July 9th. **PLUS** a \$30 pit fee.

MAKE CHECK PAYABLE TO: SEEKONK SPEEDWAY. **SORRY, NO CHECKS ACCEPTED DAY OF SHOW!** To qualify this entry form must be completed in full.

Car # (First come basis) _____ Drivers Name _____

Home Town _____

Owners Name _____

Street Address _____

City _____ State _____ Zip Code _____

SSN _____ Phone # _____

Driver and Car Owner must abide by all SEEKONK SPEEDWAY/TVMS rules, regulations, and decisions, as well as the stipulations on this entry blank. Print or type the required information and sign where indicated. Entry will not be considered unless the entry blank contains all required information including the required signature. **No Refunds.**

Date _____ Owner Signature _____

Print or type above information and mail to:

Open Wheel Madness, Seekonk Speedway, 1710 Fall River Ave., Seekonk, MA 02771

Office Hours, Mon – Fri 9am – 5pm / Phone # 1-508-336-9959

Web site: www.seekonkspeedway.com/ e-mail: speedway@seekonkspeedway.com