



Inaugural Pop Hahn's /Dillon VFW Military Appreciation Night Featuring "Racing for Heroes Suicide Prevention Saving Veteran's Lives Enduro 100" \$2500 to Win!

[www.lakeviewmotorspeedway.com](http://www.lakeviewmotorspeedway.com)

[www.racingforheroes.org](http://www.racingforheroes.org)

Saturday, October 12, 2024

**PAYOUT TOP 10**

**\$2500, \$1000,\$600,\$500,\$400,\$300,\$200,\$150,\$100,\$100.**

**Times & Admission – Kids 8 and under FREE**

**\*Pit Gates 3:30pm \$35, Drivers Meeting 5:30pm \*Grandstands 6pm \$20, Hot Laps 6:00pm**

**OFFICIAL ENTRY FORM – Car Entry Fee \$100 on or before 10-10-2024 after 10-11-2024 - \$125**

Printable Entry Form and W-9 go to: [www.lakeviewmotorspeedway.com](http://www.lakeviewmotorspeedway.com) > Driver info > W9/ Enduro Entry Form 2024

Enduro Rules go to : [www.lakeviewmotorspeedway.com](http://www.lakeviewmotorspeedway.com) > Driver info > Rules > EnduroRules 2024

Driver Name: \_\_\_\_\_ Car No. \_\_\_\_\_

Street Address: \_\_\_\_\_ SS or EIN#: \_\_\_\_\_ **[Mandatory]**

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

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Earning Recipient: [If different than driver, everyone must have completed W9 to receive payout]**

Owner (individual or business) \_\_\_\_\_

Street Address \_\_\_\_\_ SS or EIN#: \_\_\_\_\_ **[Mandatory]**

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

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Car Information:**

Car Body Style: \_\_\_\_\_

Sponsors: \_\_\_\_\_

**Event info: email [scott@mst-hvac.com](mailto:scott@mst-hvac.com)**

**Email Entry form/W9 to: [sophie@mst-hvac.com](mailto:sophie@mst-hvac.com)**

The signee acknowledges that they have read, understood and are willing to comply with the car specs and all other information pertaining to the races run on the above date. The signee acknowledges that they will act in a safely manner which preserves the integrity of Enduro Racing and this event. The signee also understands that a 3% Credit Card Processing Fee will apply to all Card Payments. Email completed forms to [sophie@mst-hvac.com](mailto:sophie@mst-hvac.com) for payment processing.

Driver signature: \_\_\_\_\_ Date: \_\_\_\_\_

M/C Visa AMEX or Discover # \_\_\_\_\_ Expiration \_\_\_\_\_ CV2: \_\_\_\_\_

**OR Send Check Payable to Lake View Motor Speedway, 113 Junco Circle, Longs, South Carolina, 29568 (billing address)**