**2023 Yellow Medicine Count Fair Baja Race   
Registration Form July 22, 2023**

$50 Entry fee if you pre-register by July 21, 2022  
$60 Entry fee if you register at the gate.  
Fees include 1 Driver & 1 Pitman in pit area.

Rules posted at Event starts @ 7pm   
[www.ymcfair.org/](http://www.ymcfair.org/) Check in starts @ 4:30pm

**Payouts:**2 Wheel Drive Pickup: 1st-$1,000, 2nd- $500  
4 Wheel Drive Pickup: 1st- $1,200, 2nd- $600  
Car: 1st- $800, 2nd- $400  
Powder Puff (car): 1st- $200, 2nd- $50

Checks can by made out to the Yellow Medicine County Fair and mailed to YMC Fair, PO Box 132, Canby, MN 56220 or dropped off at the fair-board office between July 21st and July 22nd.

Please print legibly- we need this information for the announcer.  
Driver’s Name:­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Car #: \_\_\_\_\_\_\_\_ Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Check:**2 Wheel Drive Pickup\_\_\_\_ | 4 Wheel Drive Pickup\_\_\_\_ | Car\_\_\_\_\_ | Powder Puff\_\_\_\_\_  
Name and Address of pitman who is paid with driver fee  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Reminder to stop at check in for arm band and to sign waiver**

I, the driver, have read the rules and accept the decision of the judges as final. I agree to use the track in present condition.  
The following affect your rights- READ BEFORE SIGNING!  
I understand that driving in the Baja race is dangerous. However, I agree to ASSUME THESE RISK AND HOLD HARMLESS THE Yellow Medicine County Fair Board from all claims, damages, losses and expenses arising out of this event. Further, I state that my car is prepared and that I carry the necessary safety equipment as outlines.

Driver Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
If under 18, Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_