



2026 INDY LEGENDS VINTAGE EVENT
JUNE 27th – 28th, 2026
LUCAS OIL INDIANAPOLIS RACEWAY PARK

Brownsburg, Indiana

www.indylegends.com



ENTRY FORM

OWNER INFORMATION:

Name: _____

Address: _____

City / State / Zip: _____

DRIVER INFORMATION:

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____ **Email:** _____

CREW NAMES:

GENERAL CHECKLIST FOR ENTRY:

_____ **History of Cars** _____ **Current Photo(s)**

_____ **Additional Information for Event Announcer**

ENTRY FEE TOTAL: _____ (of entries) x \$650.00 (cost per car)
 _____ (of Static Entries) X \$300.00 (cost per car)
 = _____

FILL OUT CAR INFORMATION ON BACK OF ENTRY FORM REMIT PAYMENT TO:

Indy Legends LLC
8155 Crawfordsville Road
Indianapolis, IN 46214
(317) 820-3595
info@indylegends.com

CAR INFORMATION:

Year: _____ **Make:** _____ **Model:** _____ **Make of Engine:** _____
Body Style: _____ **Color:** _____ **Chassis:** _____ **Car #:** _____
Major Sponsors on Car: _____

Responsible person for tow vehicle: _____
Cell Phone: _____
Is this car a 2-seater? (if so, list the passenger's name):

Year: _____ **Make:** _____ **Model:** _____ **Make of Engine:** _____
Body Style: _____ **Color:** _____ **Chassis:** _____ **Car #:** _____
Major Sponsors on Car: _____

Responsible person for tow vehicle: _____
Cell Phone: _____
Is this car a 2-seater? (if so, list the passenger's name):

Year: _____ **Make:** _____ **Model:** _____ **Make of Engine:** _____
Body Style: _____ **Color:** _____ **Chassis:** _____ **Car #:** _____
Major Sponsors on Car: _____

Responsible person for tow vehicle: _____
Cell Phone: _____
Is this car a 2-seater? (if so, list the passenger's name):

Year: _____ **Make:** _____ **Model:** _____ **Make of Engine:** _____
Body Style: _____ **Color:** _____ **Chassis:** _____ **Car #:** _____
Major Sponsors on Car: _____

Responsible person for tow vehicles: _____
Cell Phone: _____
Is this car a 2-seater? (if so, list the passenger's name):
