

# Rice County Fair

## 2010 Roll Over Contest Rules

### Thursday night after compact enduro

1. Any car truck or van may be used, (small cars roll better)
2. Any vehicle may be rolled more than once, but must be by a different driver.
3. **Remove all burnable interior, including insulation under hood, dash is optional.**
4. **Sunroof openings must be securely sealed off using some sort of Metal.**
5. **All glass must be removed, including any broken glass. Windshield is optional if windshield is cracked it must be removed. It is recommended if your windshield is removed that you install 3 support bars to prevent roof from collapsing in place of your windshield.**
6. **A simple hoop bar behind the seat must be used. Hoop bar must be reinforced with two down bars connecting at least 2/3 of the way up and be full with and height of car. Four point cages and other frame supports recommended but not mandatory.**
7. **Driver's door must be welded or chained shut and have a window net of some sort over window opening.**
8. **Gas tanks may stay in stock location but may be moved to trunk area if using some type of fuel cell.**
9. **Full Face Helmets, Neck brace, Long Sleeve Pants & Shirts, and Gloves are mandatory. Fire suit is highly recommended**
10. **Driver's seat** must be securely mounted to floor. Replacement of seat with approved racing seat is highly recommended.
11. **5 point racing harness is mandatory**
12. It is recommended to leave passenger side seat belt in car and fasten together to give you something to hold on to when rolling.
13. Must be 18 to enter. If under 18 Parent consent form must be filled out and signed.
14. Winner will be decided by the fan participation.

NO ENTRY FEE

1<sup>ST</sup> \$100

2<sup>nd</sup> \$50

Any questions please call Jeff Nelson @ 507-446-0990

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Cut along line

PLEASE PRE ENTER SO WE KNOW HOW MANY CARS TO EXPECT!!!

Mail entry's to: Rice County Fair Rollover Contest  
P.O Box 393  
Fairbault, Mn 55021

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Signed \_\_\_\_\_