



2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS

**Claims will not be processed without official results*

Claims must be made within 30 days of the event

TEAM / DRIVER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: Canadian Touring Car Championship B-SPEC Class

RACE LOCATION: _____

EVENT DATE: _____ CARS IN CLASS: _____

MODEL: Honda Fit YEAR: _____

CAR#: _____ DRIVER: _____

FINISHING POSITION IN CLASS

CONTINGENCY AWARD

1ST PLACE \$1000

2ND PLACE \$750

3RD PLACE \$500

Driver Champion \$1000

**Claims will be reduced by 50% for races with less than 10 cars in class

I certify that all of the information provided above is complete and accurate. I acknowledge having received a copy of the Contingency Program information. I affirm that I have read, understand, and agree to comply with all of the contingency program rules and regulations.

SIGNATURE: _____ DATE: _____

Return to:

Honda Performance Development
Motorsports Department
25145 Anza Dr
Santa Clarita, CA 91350
(661)702-7777
grmsadmin@hra.com