



2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS

**Claims will not be processed without official results and decal check sheet*

Claims must be submitted within 30 days of the event

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE: _____

E-MAIL: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: F600 Challenge

RACE LOCATION: _____

EVENT DATE: _____ STARTERS: _____

MODEL: _____ YEAR: _____

CAR#: _____ CLASS: _____ DRIVER: _____

FINISHING POSITION IN CLASS	RACE	CHAMPIONSHIP
<input type="checkbox"/> 1 ST PLACE	\$200	\$500
<input type="checkbox"/> 2 ND PLACE	\$100	\$250
<input type="checkbox"/> 3 RD PLACE	\$100 (HPD Bucks)	\$250 (HPD Bucks)
<input type="checkbox"/> 4 TH PLACE	\$75 (HPD Bucks)	\$150 (HPD Bucks)
<input type="checkbox"/> 5 TH PLACE	\$50 (HPD Bucks)	\$100 (HPD Bucks)

****Awards will be reduced by 50% for less than 5 starters in class**

I certify that all of the information provided above is complete and accurate. I acknowledge having received an Awards Contingency Program information sheet. 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, Inc.
Motorsports Department
25145 Anza Drive
Santa Clarita, CA 91350
(661)702-7777
grmsadmin@hra.com

2016 MOTORSPORTS CONTINGENCY CHECK SHEET

INSTRUCTIONS: Check the appropriate box for the contingency requirements met by your entry. Competitors must sign the verification/advertising waiver below before submitting this form. Competitors not submitting forms will not be eligible for awards.

TEAM NAME: _____

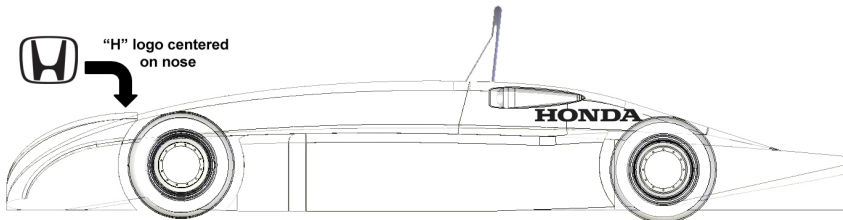
CAR#: _____ CLASS: _____ DRIVER: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: F600 Challenge

REQUIRED HPD CONTINGENCY DECALS:

'HONDA' on each side of engine cover



'H' on nose

TECH SIGNATURE: _____ DATE: _____

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