



2016 HONDA PERFORMANCE DEVELOPMENT RALLYCROSS NATIONAL SERIES CONTINGENCY PROGRAM

CLAIM FORM

REGISTRATION: Competitors must be officially registered to participate in the program prior to competing. No awards will be paid if you are not enrolled prior to competing in an eligible event. Additionally, competitors must complete and submit this Claim Form no later than 30 days after each eligible event. A current W-9 form must be on file with SCCA prior to the distribution of awards.

DECALS: Each competitor must display three (3) official logo decals: one on the center of the front bumper and one on the rear quarter of each side of the vehicle. Decals are available by request from SCCA Member Services (800-770-2055 or contingency@scca.com).

VERIFICATION and AWARD PAYMENT: Product use and decal placements must be verified on-site by a tech official - who must sign this claim form. Claim forms may be signed to verify decals placements/product use prior to the posting of Official Results. Completed claim forms must be submitted with the Official Race Results and will be verified upon receipt. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only. Payment is issued by SCCA within 30 days of claim receipt.

NAME: ADDRESS: CITY: STATE: ZIP: DAY PHONE: E-MAIL: SCCA MEMBER #: SOCIAL SECURITY # OR TAX ID #: (circle one) EVENT LOCATION: EVENT DATE: FINISH POSITION: CLASS: CAR # CAR MODEL: CAR YEAR:

Table with 2 columns: Award Information, Payout details. Includes bullet points about eligibility and payout procedures.

PAYOUT SCHEDULE table with 4 columns: Category, 1st, 2nd, 3rd. Rows include Per Event/Class and National Championship.

By signing below, I understand and agree to the conditions of the Honda Performance Development contingency program and acknowledge that I have never been compensated for the above claim.

DRIVER/CAR OWNER SIGNATURE DATE

The required product use and/or decal placement of this competitor has been verified on-site by:

TECH OFFICIAL SIGNATURE SCCA MEMBER NUMBER DATE

SUBMIT TO: SPORTS CAR CLUB OF AMERICA. Attn: RallyCross Contingency Claims. 6620 SE Dwight St, Topeka, KS 66619. FAX: (785) 232-7213. contingency@scca.com. Please copy this form as needed for submission of additional claims. Signatures may not be copied.