



2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS.
Awards will not be processed without RACE RESULTS.
PAYOUTS REDUCED 50% FOR CLASSES WITH LESS THAN 5 KARTS.

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE: _____

EMAIL: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SKUSA PKC CALIFORNIA (S1/S2/S3/S4/S5)

SKUSA PKC TEXAS (S1/S2/S3/S4/S5)

MODEL: _____ YEAR: _____

CAR/KART#: _____ DRIVER: _____

FINISHING POSITION IN CLASS CHAMPIONSHIP	CONTINGENCY AWARD (HPD BUCKS)
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<input type="checkbox"/> 1 ST PLACE	\$200.00 HPD Bucks
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<input type="checkbox"/> 2 ND PLACE	\$100.00 HPD Bucks
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<input type="checkbox"/> 3 RD PLACE	\$75.00 HPD Bucks
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- Awards are non-transferable. Only winning competitor can claim award.
- Winning competitor must be a registered Honda Racing Line member.
- Awards are processed bi-monthly. Once award is processed a credit will be posted to your specific account with HPD.
- Contingency Claim forms must be submitted within 30 days from when official results are posted for each eligible event.
- Submit form to grmsadmin@hra.com

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

SIGNATURE: _____ DATE: _____