



# 2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

**IMPORTANT: Attach copy of OFFICIAL RACE RESULTS.  
Awards will not be processed without RACE RESULTS and TAX FORMS on file.  
PAYOUTS REDUCED 50% FOR CLASSES WITH LESS THAN 10 CARS.**

TEAM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

HONDA RACING LINE MEMBERSHIP NUMBER \_\_\_\_\_

**SERIES:** WORLD CHALLENGE TC B-SPEC (2009-UP HONDA FIT ONLY)

RACE LOCATION: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

CAR#: \_\_\_\_\_ DRIVERS: \_\_\_\_\_

**NOTE:** HPD records must show B-Spec Kit purchase or provide other evidence of kit installed on vehicle.

<b>FINISHING POSITION IN CLASS</b>	<b>CONTINGENCY AWARD</b>
<input type="checkbox"/> 1 <sup>ST</sup> PLACE	\$1,500
<input type="checkbox"/> 2 <sup>ND</sup> PLACE	\$1,000
<input type="checkbox"/> 3 <sup>RD</sup> PLACE	\$500
<input type="checkbox"/> End of Season Driver Championship	\$2,000
<input type="checkbox"/> End of Season Driver Championship (2015+ Fit)	\$5,000

I certify that all of the information provided above is complete and accurate. I acknowledge having received a copy of the Contingency Program Information and have read the Disclaimer. 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 91355  
(661)702-7777  
[grmsadmin@hra.com](mailto:grmsadmin@hra.com)