



# 2017 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**

1<sup>ST</sup> PLACE \$1000

2<sup>ND</sup> PLACE \$750

3<sup>RD</sup> 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