



## 2017 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:** IMSA CTSC ST CLASS (2012 – UP HONDA CIVIC SI ONLY)

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

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

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

<b>FINISHING POSITION IN CLASS</b>	<b>CONTINGENCY AWARD</b>
<input type="checkbox"/> 1 <sup>ST</sup> PLACE	\$8,000
<input type="checkbox"/> 2 <sup>ND</sup> PLACE	\$6,000
<input type="checkbox"/> 3 <sup>RD</sup> PLACE	\$3,500
<input type="checkbox"/> 4 <sup>TH</sup> PLACE	\$2,000
<input type="checkbox"/> 5 <sup>TH</sup> PLACE	\$1,000
<input type="checkbox"/> End of Season Driver Championship	\$10,000
<input type="checkbox"/> End of Season Manufacturer Championship (max)	\$10,000

I certify that all of the information provided above is complete and accurate. I acknowledge having received a copy of the Parts and Awards Contingency Program 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)