



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

RACE LOCATION: _____

EVENT DATE: _____

CAR#: _____ DRIVERS: _____

FINISHING POSITION IN CLASS	CONTINGENCY AWARD
<input type="checkbox"/> 1 ST PLACE	\$1,000
<input type="checkbox"/> 2 ND PLACE	\$750
<input type="checkbox"/> 3 RD 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