



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 NUMBER _____

SERIES:

TOURING CAR (TC) 2013 – UP Honda Accord V6

TOURING CAR A (TCA) 2013 – 2017 Civic Si ONLY

RACE LOCATION: _____

EVENT DATE: _____

CAR#: _____ DRIVER: _____

FINISHING POSITION IN CLASS

1ST PLACE

2ND PLACE

3RD PLACE

End of Season Driver Championship

End of Season Manufacturer Championship (max)

CONTINGENCY AWARD

Accord & 2016-up Civic/2013-15 Civic Si
(Circle Appropriate Award)

\$5,500 / \$3000

\$2,800 / \$2000

\$1,300 / \$750

\$5,000

\$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