

2018 HONDA PERFORMANCE DEVELOPMENT RALLYCROSS NATIONAL SERIES CONTINGENCY PROGRAM

CLAIM FORM

REGISTRATION: Competitors must be officially registered to participate in the program prior to competing. **No awards will be paid if you are not enrolled prior to competing in an eligible event.** Additionally, competitors must complete and submit this Claim Form no later than 30 days after each eligible event. A current W-9 form must be on file with SCCA prior to the distribution of awards.

DECALS: Each competitor must display three (3) official logo decals: one on the center of the front bumper and one on the rear quarter of each side of the vehicle. Decals are available by request from SCCA Member Services (800-770-2055 or contingency@scca.com).

VERIFICATION and AWARD PAYMENT: Product use and decal placements must be verified on-site by a tech official - who must sign this claim form. Claim forms may be signed to verify decals placements/product use prior to the posting of Official Results. Completed claim forms must be submitted with the Official Race Results and will be verified upon receipt. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only. Payment is issued by SCCA within 30 days of claim receipt.

NAME:			SOCIAL SECURITY # OR TAX ID #: (circle one)		
ADDRESS:					
CITY:			EVENT LOCATION:		
STATE: ZIP: DAY PHONE: E-MAIL: SCCA MEMBER #:			FINISH POSITION:		
			CAR MODEL:		CAR YEAR:
Information:	 A minimum of 4 competitors in 3 competitors = 1st and 2nd aw the class are required to be eliq This contingency program is an ask questions, call (800) 770-2 	ards only, 2 com gible for any Nat dministered and	npetitors = 1 st place a tional Championship	award only. A minimur awards.	m of 5 competitors in
PAYOUT SCHEDULE Per Event/Class			\$150	\$100	\$50
National Championship			\$500	\$300	\$100
DRIVER/CAR	, I understand and agree to the condition been compensated for the above clain OWNER SIGNATURE duct use and/or decal placement of this	n.	DAT	E	ogram and acknowledge
TECH OFFICIAL SIGNATURE SCC		SCCA MEMBI	MBER NUMBER DATE		
	SPORTS CAR CLUB OF AMERICA Attn: RallyCross Contingency Claims 620 SE Dwight St			s form as needed	for submission of

FAX: (785) 232-7213 contingency@scca.com