



2019 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS
**Claims will not be processed without official results and decal check sheet*
Claims must be submitted within 30 days of the event

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ PHONE: _____

E-MAIL: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: Formula F1600 Championship Toyo Tire F1600 Championship
 Formula Tour 1600

RACE LOCATION: _____

EVENT DATE: _____ STARTERS: _____

MODEL: _____ YEAR: _____

CAR#: _____ CLASS: _____ DRIVER: _____

FINISHING POSITION IN CLASS	OVERALL
<input type="checkbox"/> 1 ST PLACE	\$100
<input type="checkbox"/> 2 ND PLACE	\$75
<input type="checkbox"/> 3 RD PLACE	\$50
<input type="checkbox"/> End of Season Driver Champion	\$500

****Awards will be reduced by 50% for less than 5 starters in class**

I certify that all of the information provided above is complete and accurate. I acknowledge having received an Awards Contingency Program information sheet. 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, Inc.
Motorsports Department
25145 Anza Drive
Santa Clarita, CA 91350
(661)702-7777
grmsadmin@hra.com

2019 MOTORSPORTS CONTINGENCY CHECK SHEET

INSTRUCTIONS: Check the appropriate box for the contingency requirements met by your entry. Competitors must sign the verification/advertising waiver below before submitting this form. Competitors not submitting forms will not be eligible for awards.

TEAM NAME: _____

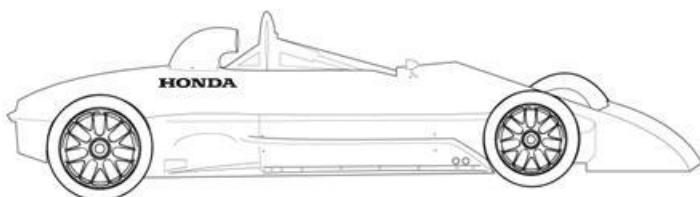
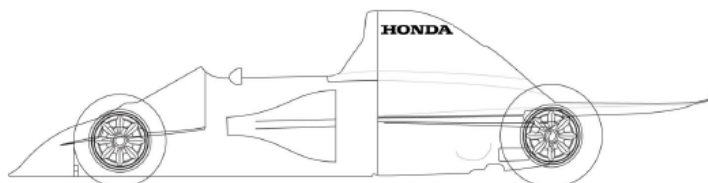
CAR#: _____ CLASS: _____ DRIVER: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

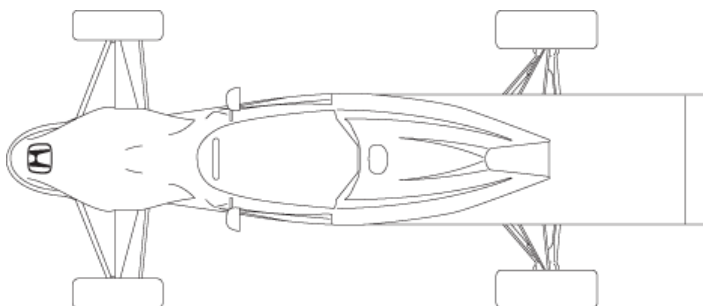
SERIES: Formula F1600 Championship Toyo Tire F1600 Championship
 Formula Tour 1600

REQUIRED HPD CONTINGENCY DECALS:

'HONDA' on each side of engine cover



'H' on nose



TECH SIGNATURE: _____ DATE: _____

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