

## 2019 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS.
Awards will not be processed without RACE RESULTS.
PAYOUTS REDUCED 50% FOR CLASSES WITH LESS THAN 5 KARTS.

TEAM NAME:				
ADDRESS:				
CITY:		STATE:	ZIP:	
CONTACT:		PHONE	≣:	
EMAIL:				
HONDA RACING L	INE MEMBERSHIP I	NUMBER		
	SKUSA PKC CALI	FORNIA (Honda	S1/S2/S3/S4/S4SM/S	5)
	SKUSA PKC TEXAS (Honda S1/S2/S3/S4/S4SM/S5)			
	SKUSA PKC MAU	I (Honda S1/S2/S	S3/S4/S4SM/S5)	
MODEL:		YEAR:		
CAR/KART#:	DRIVE	R:		
FINISHING POSITI	ON IN CLASS CHAI	MPIONSHIP C	ONTINGENCY AWAR	RD (HPD BUCKS)
☐ 1 <sup>ST</sup> PLACE			\$125.00	HPD Bucks
☐ 2 <sup>ND</sup> PLACE			\$100.00	HPD Bucks
☐ 3 <sup>RD</sup> PLACE			\$75.00	HPD Bucks
<ul><li>Winning of Awards a be posted</li><li>Continger official res</li></ul>	competitor must bure processed bi-related to your specific a	e a registered monthly. Once account with H must be subror each eligible	mitted within 30 da	e member. ed a credit will
	ingparts, merch	_	ne members as c nda Power Equipr	

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that all of the information provided above is complete and accurate. I acknowledge having received an Awards Contingency Program. I affirm that I have read, understand, and agree to comply with all of the

contingency program rules and regulations.