



2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

*Claims will not be processed without official results.
Credits will expire within 180 days of issuance*

TEAM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____ PHONE: _____

HONDA RACING LINE MEMBERSHIP NUMBER _____

SERIES: Rally America

RACE LOCATION: _____

EVENT DATE: _____ CLASS / NUMBER OF ENTRANTS: _____

MODEL: _____ YEAR: _____

CAR#: _____ DRIVER: _____

FINISHING POSITION IN CLASS

CONTINGENCY AWARD

HPD Bucks

	2009-up B-Spec	All other models
<input type="checkbox"/> 1 ST PLACE	\$500	\$200
<input type="checkbox"/> 2 ND PLACE	\$300	\$100
<input type="checkbox"/> 3 RD PLACE	\$100	\$50
<input type="checkbox"/> Entry Credit	\$100	\$100
<input type="checkbox"/> Driver Champion	\$1000 (Cash)	

**Claims will be reduced by 50% for races with less than 5 cars in class

I certify that all of the information provided above is complete and accurate. I acknowledge having received a Contingency Program Description. 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
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Santa Clarita, CA 91350
(661)702-7777
grmsadmin@hra.com