



2016 MOTORSPORTS CONTINGENCY AWARD CLAIM FORM

IMPORTANT: ATTACH COPY OF OFFICIAL RACE RESULTS

**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: 2015 Canadian Touring Car Championship Super and Touring Class

RACE LOCATION: _____

EVENT DATE: _____ CARS IN CLASS: _____

MODEL: _____ YEAR: _____

CAR#: _____ DRIVER: _____

FINISHING POSITION IN CLASS

CONTINGENCY AWARD

	Cash Award	HPD Parts Credit
	2012-up Si /	(All other models)
	2013 Accord 2D	
<input type="checkbox"/> 1 ST PLACE	\$2500	\$250
<input type="checkbox"/> 2 ND PLACE	\$1500	\$125
<input type="checkbox"/> 3 RD PLACE	\$1000	\$75
<input type="checkbox"/> Driver Champion	\$2500	\$1000

**Claims will be reduced by 50% for races with less than 10 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
25145 Anza Dr
Santa Clarita, CA 91350
(661)702-7777
grmsadmin@hra.com