

2016 SUMMIT RACING EQUIPMENT U.S. MAJORS TOUR CONTINGENCY PROGRAM

CLAIM FORM

REGISTRATION: Competitors must be officially registered to participate in the program before the date of the event in which you will be competing. No awards will be paid if you are not enrolled prior to competing. Additionally, competitors must complete and submit this Claim Form no later than 30 days after each eligible event.

DECALS: All competitors must display two Summit Racing Equipment decals – one on each front fender. Decals are distributed by SCCA and should be requested by contacting SCCA Member Services at (800) 770-2055 or contingency@scca.com.

VERIFICATION and AWARD PAYMENT: 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 prior to the posting of Official Results. Completed claim forms must be submitted with a copy of 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. Awards will be issued by SCCA within 30 days of claim receipt.

NAME:			
ADDRESS:	E-MAIL:		
CITY:	EVENT LOCATION	EVENT LOCATION:	
STATE:ZIP: _	EVENT DATE: _		
DAY PHONE:		N: CAR #	
EVENING PHONE:			
SCCA MEMBER #:			
A minimum nui This contingen For payout det	esented to the 1 st and 2 nd place finishers per race in mber of competitors are required to be eligible for aw cy program is administered and paid entirely by SCC ails, to register for the program, or to ask questions,	vards. 2 starters = 1 st place award only. CA, on behalf of Summit Racing Equipment. please call (800) 770-2055.	
PAYOUT SCHEDULE All Classes	1 st \$100 product certificate	2 nd \$50 product certificate	
By signing below, I understand and agr have never been compensated for the	ee to the conditions of the Summit Racing Equipmen above claim.	t contingency program and acknowledge that	
DRIVER/CAR OWNER SIGNATURE		DATE	
The required decal placements for this	competitor have been verified on-site by:		
TECH OFFICIAL SIGNATURE	SCCA MEMBER NUMBER	DATE	
	CLUB OF AMERICA ng Contingency Claims		

Please copy this form as needed for submission of

additional claims. Signatures may not be copied.

6620 SE Dwight St

Topeka, KS 66619

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