

2017 HAWK PERFORMANCE 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 AND PATCHES: All competitors must display three Hawk Performance decals – one on the front and one each side of the vehicle. Decals are distributed by SCCA and may be requested from: 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 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. Awarded certificates will be emailed by SCCA within 30 days of claim receipt.

NAME:	EVENT DATE:		
ADDRESS:			
CITY:			
STATE: ZIP:	CLASS:	CAR #	·
DAY PHONE:			
E-MAIL:			
SCCA MEMBER #:			
Information: • Payouts are presented to the 1 st – 3 rd plate • A minimum of three starters in class are • This contingency program is verified and to ask questions, please call (800) 770-2	required to claim award d paid by SCCA on beha	S.	·
PAYOUT SCHEDULE	1 st	2 nd	3 rd
EP, FP, HP, GT1, GT2, GT3, GTL, T1, T2, T3, T4, B-Spec, AS, SM, STU, STL, FA, FB, FC, FF, FM, F5, P1, P2	\$150 certificate	\$75 certificate	\$50 certificate
By signing below, I understand and agree to the conditions of the never been compensated for the above claim.	Hawk Performance con	tingency program and a	cknowledge that I have
DRIVER/CAR OWNER SIGNATURE		DATE	
The named competitor has met all program requirements as verif	fied on-site by:		

SCCA MEMBER NUMBER

SUBMIT TO: SPORTS CAR CLUB OF AMERICA Attn: Club Racing Contingency Claims

TECH OFFICIAL SIGNATURE

6620 SE Dwight St Topeka, KS 66619 FAX: (855) 263-5524 contingency@scca.com Please copy this form as needed for submission of additional claims. Signatures may not be copied.

DATE