



2017 DIRT FISH RALLYCROSS NATIONAL SERIES CONTINGENCY PROGRAM CLAIM FORM

REGISTRATION: Competitors must be officially registered to participate in the program prior to competing. No awards will be paid if you are not enrolled prior to competing in an eligible event. Additionally, competitors must complete and submit this Claim Form no later than 11/15/17.

DECALS/PATCH: Each competitor must display two official logo decals: one on each side of the vehicle. Decals are available at the event from Tech.

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 the Official Race Results and Proof of Purchase and will be verified upon receipt. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only.

NAME: _____

SCCA MEMBER #: _____

ADDRESS: _____

SOCIAL SECURITY # OR TAX ID #: (circle one)

CITY: _____

STATE: _____ ZIP: _____

EVENT LOCATION: _____

DAY PHONE: _____

EVENT DATE: _____

E-MAIL: _____

FINISH POSITION: _____

CLASS: _____ CAR # _____

Award Information:	<ul style="list-style-type: none">Product awards are presented to the 1st-3rd place in 2017 SCCA RallyCross National Championship competition.A minimum of five competitors per class are required to claim awards.To claim awards, competitor must return this signed form along with a sales receipt for the purchase of a Mobil 1 Synthetic Oil to Brandy Wiggins at SCCA by 11/15/2017. Proof of purchase must be within the three-month period prior to submission. If the sales receipt does not clearly identify the Mobil 1 Synthetic Oil, then a copy of the POP/barcode is also required.This contingency program is administered and paid by SCCA. For payout details or to ask questions, call (800) 770-2055 or contingency@scca.com.		
PAYOUT SCHEDULE	1st	2nd	3rd
National Championship/Class	\$100	\$50	\$50

By signing below, I understand and agree to the conditions of the Mobil 1 contingency program and acknowledge that I have never been compensated for the above claim.

DRIVER/CAR OWNER SIGNATURE

DATE

The required product use and/or decal placement of this competitor has been verified on-site by:

TECH OFFICIAL SIGNATURE

SCCA MEMBER NUMBER

DATE

SUBMIT TO: SPORTS CAR CLUB OF AMERICA
Attn: Contingency Claims
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.