

2018 MOMO SCCA HOOSIER SUPER TOUR PROGRAM CLAIM FORM

REGISTRATION: Competitors must be officially registered each year to participate in the program prior to 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 three MOMO decals – one on the front and each side of the vehicle. Decals are distributed by SCCA and should be requested by contacting SCCA at 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 for each race day must be submitted along with a copy of the Official Race Results 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 via email within 30 days of claim receipt.

NAME:				
ADDRESS:			EVENT LOCATION:	
	i:		CLASS:	CAR #
SCCA MEMBER #	# :			
 Payouts are presented to the 1st - 3rd place finishers per race in SCCA Hoosier Super Tour competition only. A minimum of 4 starters in class are required to be eligible for awards. This contingency program is administered and paid entirely by SCCA, on behalf of MOMO. For payout details or to ask questions contact Brandy Wiggans at contingency@scca.com 				
PAYOUT SCHE	DULE	1 st	2 nd	3 rd
All Classes	\$100 prod	uct certificate	\$50 product certificate	\$25 product certificate
compensated for th	he above claim.	conditions of the MO	MO contingency program and	d acknowledge that I have never been
DRIVER/CAR OWNER SIGNATURE				DATE
The required deca	I placements for this competito	or have been verified	on-site by:	
TECH OFFICIAL SIGNATURE		SCCA MEN	MBER NUMBER	DATE
SUBMIT TO:	Email: contingency@scca Fax: (855) 263-5524 Mail: Sports Car Club of A		Please copy this	form as needed for submission of

additional claims. Signatures may not be copied.

Attn: Contingency Claims

6620 SE Dwight St Topeka, KS 66619