

2021 GOODYEAR TIRE SCCA U.S. MAJORS TOUR CONTINGENCY PROGRAM

CLAIM FORM

REGISTRATION: Competitors must officially register to participate each year in this program with SCCA prior to competing. No awards will be paid if you are not enrolled prior to competing in the event. Additionally, competitors must complete and submit this official verified Claim Form no later than 30 days after each eligible event.

DECALS AND PATCHES: All competitors must display two 12" or larger Goodyear Tire decals – one on each front fender or side pod. No competing decals or patches may be displayed. Decals are provided by the on-site service dealer or may be requested by sending your color preference (black or white) to contingency@scca.com.

VERIFICATION and AWARD PAYMENT: Decal placements and product use (all four tires must be Goodyear Tires) 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. Separate completed claim forms for each race day must be submitted. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only. Awards will be mailed by Goodyear Tires to the address provided approximately 60 days after claim receipt.

| NAME: | | EVENT LOCATION: | | |
|--|----------------------------------|---|---|--|
| ADDRESS: | | EVENT DATE: | | |
| CITY: | | FINISH POSITION: _ | | |
| STATE: ZIP: | | CLASS: | CAR # | |
| PHONE: | <u> </u> | FIRE MODEL: | | |
| E-MAIL: | <u> </u> | ΓIRE SIZE: | | |
| SCCA MEMBER #: | | | | |
| A minimum of three s place awards. This contingency pro | starters in class are required t | o claim 1 st place award I paid by Goodyear Tir | n SCCA U.S. Majors Tour competition. ds, five cars are required to claim 2 nd re. For payout details or to ask | |
| PAYOUT SCHEDULE | | 1 st | 2 nd | |
| AS, B-SPEC, EP, F5, FA, FC, FP, FX, H GT3, GTL, P1, P2, PX, STL, STU, T1, T2 | | 2 free tires | 1 free tire | |
| By signing below, I understand and agree to never been compensated for the above claim | | ear Tire Contingency | program and acknowledge that I have | |
| DRIVER/CAR OWNER SIGNATURE | | DATE | | |
| The named competitor has met all program re | equirements as verified on-sit | e by: | | |
| TECH OFFICIAL SIGNATURE | SCCA MEMBER | NUMBER | DATE | |
| SUBMIT TO: Email: contingency@se | cca.com | Please copy thi | s form as needed for submission of | |

Fax: (855) 263-5524

additional claims. Signatures may not be copied.