

2024 TOYO TIRES CONTINGENCY PROGRAM

CLAIM FORM

REGISTRATION: Competitors must be officially registered each year with Toyo Tires 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 AND PATCHES: All competitors must display four (4) Toyo Tires decals –one on each side of the vehicle. Decals are available from Toyo Tire when requested during registration or by emailing a request to toyotiresrewards@360incentives.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 by an SCCA Tech Official to verify decals placements and Tire usage prior to the posting of Official Results. Separate completed claim forms **for each race day** must be submitted. Finishing positions will be verified by Toyo Tires; awards will be made to legal finishers only. Payment is issued by Toyo Tires within 30 days of claim receipt.

NAME: ADDRESS: CITY:			EVENT LOCATION: EVENT DATE: FINISH POSITION:								
						STATE: ZIP:			CLASS:SMX CAR #		
						PHONE:					
E-MAIL:											
Information:	per race SCCA US M A minimum of 12 star payout. To claim the Toyo Bu he event.	ajors Tour Competitio ters for full payout are	on only (Conference a required required to submit a claim at www	1st - 3rd (9-11 starter nd Super Tour races). claim awards. 9 Starter v.toyoracerrebates.con	rs at reduced						
SMX (12+ starters)	\$650 Toyo Bucks	\$400 Toyo Bucks	\$300 Toyo Bucks	\$200 Toyo Bucks	\$150 Toyo Bucks						
SMX (9-11 starters)	\$500 Toyo Bucks	\$350 Toyo Bucks	\$150 Toyo Bucks								
By signing below, I under been compensated for the		ne conditions of the T	oyo Tires contingenc	y program and acknow	vledge that I have never						
DRIVER/CAR OWNER SIGNATURE				DATE							
The named competitor ha	s met all program red	quirements as verified	on-site by:								

SCCA MEMBER NUMBER

DATE

Please copy this form as needed for submission of

additional claims. Signatures may not be copied.

TECH OFFICIAL SIGNATURE

www.toyoracerrebates.com

Fax: (855) 263-5524

SUBMIT TO: