CONTINGENCY AWARDS PROGRAM
OFFICIAL REQUEST FORM

Contingency Award Request Checklist

Contingency requests submitted without the required forms and information cannot be paid.

☐ Contingency Request Form – This form must be completed in full. Please print or type legibly.

☐ Signed W-9 Form – Your first contingency request each year must include a completed W-9 Tax Form, even if you have previously submitted a W-9 form. Please use only the current (**March 2024**) form.

☐ Official Race Results – Submit a copy of the official (final) race results along with the contingency request form. **Results documents must include:**

- ✓ Driver's name (must match name on request form, and if applicable please include team declaration documents)
- ✓ Make or Model of Vehicle (formula and sports racing cars must show Mazda in results) and car number
- ✓ Racing class and finishing position
- ✓ Race event name and date held; sanctioning body or racing club

(Results ***will NOT be accepted unless*** all information noted above appears)

☐ Photo – Your first contingency request each year must include the following photos:

- Photos of your race vehicle showing the required Mazda decal placement on front and side (refer to program rules for requirements). The photo must have the same car number shown on the race results submitted throughout the year.
- Photo of you in your racing driver's suit showing Mazda patch (part #0000-10-PTCH-05) sewn in chest/pocket area (without your helmet on). Not required for Solo competitors.
- See Decal Order Form for decals and decal kit part numbers.

PLEASE FILL OUT ALL SECTIONS COMPLETELY

Date _____ Team Support # _____ Cell Phone # _____

Driver's Name _____ Day / Evening Phone # _____

Social Security Number (enter last 4 digits only) [X][X][X]-[X][X]-[ ][ ][ ][ ]

OR

Tax ID Number (enter last 4 digits only) [X][X]-[X][X][X][ ][ ][ ][ ]

Mailing Address _____

City _____ State _____ Zip _____

☐ Check here if your address has changed

☐ Check here if your email has changed

E-mail Address **(IMPORTANT: your instructions to claim money will send here)** _____

Race Event _____ Event Date _____

Event Location (Track) _____

Class _____ Model _____ Year _____

Finishing Position _____ Award Amount _____

Please mail form to:

MAZDA MOTORSPORTS
Attn: Contingency Requests
1421 Reynolds Ave
Irvine, CA 92614
800-435-2508

Contingency request forms must be submitted promptly after race events (postmarked within 45 days of event date).