

Race Contingency Program

Claim Form

General Information:

Driver Name: _____ Date: _____

Race Information:

☐ SCORE ☐ BITD ☐ KOH/Ultra 4 ☐ UNLTD ☐ ARA

Race Name: _____

Race Date: _____ Race Class: _____

Official Results Document or Link Showing Placement: _____

Number of entries in your class (minimum of 5 required): _____

What place did you finish in class: _____

Media:

Link to social post: _____

See enrollment form for requirements

Link to driver testimonial video (one per calendar year): _____

See enrollment form for requirements

Link to verification photo: _____

See enrollment form for requirements

Link to completed W-9 Form (one needed per calendar year): _____

Please attach to your submission

PayPal: _____

Preferred payment type:

☐ Cash ☐ Credit (25% bonus)

Is your W-9 attached? ☐ Yes ☐ No

Email completed claim form to Sponsorships@diodedynamics.com