## 2012 CRA Contingency Claim Form - 5 HR Endurance

Date:			
-			

**Location:** Brainerd International Raceway

Instructions: Complete form and return to tech inspection prior to first race of day. No retroactive claim forms will be accepted. Failure to complete form in a legible manner will result in the form not being processed. To be eligible for awards, riders must submit this form, and all other forms as required by each company, and meet all requirements set forth by the respective companies. Please note, the CRA offers these rewards on behalf of participating companies but does not warrant or guarantee payment of any rewards. The CRA shall assist by notifying companies of riders that have qualified for awards.

## **COMPETITOR INFORMATION**

## **5 HOUR ENDURANCE**

Note: Enter only name of one team member. Listed rider will be responsible for dividing up all prizes.

prizes.												
NAME					TEAM	Сомретіті	ON#					
VIN#(IF APPLYING	FOR MANF.	CONTINGENCY)										
STREET ADDR	ESS											
CITY				STATE			ZI	P				
					PHONE				EMAIL			
Bike #1				Bike #2								
Year:				Year:				<u></u>				
Make:				Make:								
Model:				Model:								
Company	Decal	Product	Tech Insp. Initial	Company	Decal	Product	Tech Ins. Initial	Company	Decal	Product	Tech Ins. Initial	
Bridgestone			Innu	Bridgestone			Innu				Immu	
Continental				Continental								
Dunlop				Dunlop								
irrevocably r relations. I u	elease th nderstar bility. I u	ne CRA and and that this undersigne	d all affilia contingen d/ as a rid	ontingency undo ates to use my na acy may be repor er of this conting	ime, pho rtable to	tograph, li the Intern	keness and al Revenu	d racing results te Service and at	for adve	rtising and I taxes are	my	
			Competitor Signature:					_ Date:				
program r	ial of tl equirer	he CRA a nents list	it the afo	orementioned e.	event,	I certify	that this	racer has cor				
<b>Officials N</b>	ame:			Off	ticials S	signature	<b>:</b>		Date	<b>:</b>		