

**2014 CRA Contingency**

Date: \_\_\_\_\_

**Claim Form – TEAM CHALLENGE**

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**

**TEAM CHALLENGE**

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

NAME			TEAM COMPETITION #		
VIN#(IF APPLYING FOR MANF. CONTINGENCY)					
STREET ADDRESS					
CITY		STATE		ZIP	
PHONE			EMAIL		

**Bike #1**

**Bike #2**

**Bike #3**

Year: _____	Year: _____	Year: _____
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____

**EACH BIKE MUST HAVE MATCHING CONTINGENCY SPONSORS**

Company	Decal	Product	Tech Insp. Initial
Bridgestone			
Dunlop			

Company	Decal	Product	Tech Insp. Initial
Bridgestone			
Dunlop			

Company	Decal	Product	Tech Insp. Initial
Bridgestone			
Dunlop			

In consideration for eligibility to receive contingency under the CRA program for the companies listed above. I hereby irrevocably release the CRA and all affiliates to use my name, photograph, likeness and racing results for advertising and public relations. I understand that this contingency may be reportable to the Internal Revenue Service and any and all taxes are my sole responsibility. I undersigned/ as a rider of this contingency entry, verifies all statements made on this form are true and correct to the best of my knowledge.

Competitor Name: \_\_\_\_\_ Competitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tech Inspection**

As an official of the CRA at the aforementioned event, I certify that this racer has complied with the program requirements listed above.

Officials Name: \_\_\_\_\_ Officials Signature: \_\_\_\_\_ Date: \_\_\_\_\_