



2020 PIRELLI TIRE
SCCA U.S. MAJORS TOUR CONTINGENCY PROGRAM
CLAIM FORM

REGISTRATION: Competitors must officially register to participate each year in this program with SCCA prior to competing. No awards will be paid if you are not enrolled prior to competing in the event. Additionally, competitors must complete and submit this official verified Claim Form no later than 30 days after each eligible event.

DECALS AND PATCHES: All competitors must display four 11" Pirelli Tire decals - one on each fender or wing end plates. No competing decals or patches may be displayed. Decals are available upon request from SCCA by emailing contingency@scca.com.

VERIFICATION and AWARD PAYMENT: Decal placements and product use must be verified on-site by a tech official - who must sign this claim form. Claim forms may be signed prior to the posting of Official Results. Separate completed claim forms for each race day must be submitted with a copy of the original paid invoice from an authorized Pirelli race tire dealer and will be verified upon receipt. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only. Awards will be mailed by Pirelli Tire to the address provided approximately 60 days after claim receipt.

NAME: _____

EVENT LOCATION: _____

ADDRESS: _____

EVENT DATE: _____

CITY: _____

FINISH POSITION: _____

STATE: _____ ZIP: _____

CLASS: _____ CAR # _____

PHONE: _____

TIRE MODEL: _____

E-MAIL: _____

TIRE SIZE: _____

SCCA MEMBER #: _____

Table with 2 columns: Award Information and details. Includes bullet points about award presentation, starter requirements, and contact information for Brandy Wiggans.

PAYOUT SCHEDULE table with 3 columns: Category, 1st, 2nd. Rows include HP, GTX, GT1, GT2, GT3, FC, FA, P1, P2 with corresponding tire counts.

By signing below, I understand and agree to the conditions of the Pirelli Tire Contingency program and acknowledge that I have never been compensated for the above claim.

DRIVER/CAR OWNER SIGNATURE _____ DATE _____

The named competitor has met all program requirements as verified on-site by:

TECH OFFICIAL SIGNATURE _____ SCCA MEMBER NUMBER _____ DATE _____

SUBMIT TO: Email: contingency@scca.com Fax: (855) 263-5524 Please copy this form as needed for submission of additional claims. Signatures may not be copied.