



2021 HAWK PERFORMANCE
U.S. MAJORS TOUR CONTINGENCY PROGRAM

CLAIM FORM

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

DECALS AND PATCHES: All competitors must display three Hawk Performance decals - one on the front and one on each side of the vehicle. Decals are distributed by SCCA and should be requested by contacting SCCA at contingency@scca.com.

VERIFICATION and AWARD PAYMENT: Decal placements must be verified on-site by a tech official - who must sign this claim form. Claim forms may be signed to verify decals placements prior to the posting of Official Results. Separate completed claim forms for each race day must be submitted. Finishing positions will be verified by the SCCA National Staff; awards will be made to legal finishers only. Payment is issued by SCCA within 30 days of claim receipt.

NAME: _____

EVENT LOCATION: _____

ADDRESS: _____

EVENT DATE: _____

CITY: _____

FINISH POSITION: _____

STATE: _____ ZIP: _____

CLASS: _____ CAR # _____

PHONE: _____

E-MAIL: _____

SCCA MEMBER #: _____

Award Information:
• Payouts are presented to the 1st - 3rd place drivers per race in SCCA U.S. Majors Tour competition only.
• A minimum of 5 starters in class are required to claim awards.
• This contingency program is verified and paid by SCCA on behalf of Hawk Performance. For payout details or to ask questions contact Brandy Wiggans at contingency@scca.com

Table with 4 columns: PAYOUT SCHEDULE, 1st, 2nd, 3rd. Rows include car classes and corresponding payout amounts (\$100, \$75, \$50 certificates).

By signing below, I understand and agree to the conditions of the Hawk Performance 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.