

## SCCA SOLO CONTINGENCY REDEMPTION FORM

-		yself and/or my car in an	y authorize Hoosier Racing Tire Corp. opyall publicity, and/or sales and/or
Track:	Date:	Class:	Finishing Position:
All contingency	awards must be claimed no Requests received after		
Compliance Checklist:  Hoosiers mounted on all 4 wheel positions:  SCCA Scrutineer - Impound Signature:  Driver's Signature:			Hoosier patch sewn on uniform:  Scrutineer Member # :
-	ou are requesting for your conti		COMPOUND QUANTITY
BILLING INFORMATION:  Name (Company or person): This section must be completed.		SHIP-TO INFORMATION: (if same as Billing, leave blank) If shipping tires to a Hoosier Distributor, information must be filled in box below. Name: (Company or person):	
Address (Line 1):		Address (Line 1):	
Address (Line 2):		Attention:	
City:	State: Zip Code:	City:	
Phone #:		State:	Zip Code:
E-mail: (invoice will be e-mailed to	o this address)	Phone #:	
This is where tires will be shipp Or a Hoosier Distribu			
		/lidwest Plymouth: South Road & Drag:	***You are responsible to make arrangements for tire pick up / or any additional fee's with Hoosier Distributor.
	or the tires you are claiming thro		gency program, you are responsible
	•	·	E: faster service is more expensive.)
UPS Ground:	UPS 3-Day Select:	UPS 2nd Day Air:	UPS Next Day Air:
Card Number	Expiration	on Date (mo/yr):	Card's CID# or V-code:

After typing in the information above, print off a copy of this completed form and send it, along with official race results, to: Hoosier Racing Tire Corp. 65465 SR 931, Lakeville, IN 46536 or you can fax (574-784-2385) or e-mail it to: pnate@hoosiertire.com

Card Number:

Expiration Date (mo/yr):