



# 2010 CONTINGENCY CLAIM FORM

**Section 1: RIDER** - You must complete this form and return it to the sanctioning club **BEFORE THE RACE TAKES PLACE**. No retroactive claim forms will be considered. **Complete in Full** - MUST PRINT. Any form that is not legible or not fully completed with all rider info will not be processed.

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

Street: \_\_\_\_\_ *Check box if new address: [ ]*

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Classes Entered:

Social Security #: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

Rider Signature: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Section 2: TECH INSPECTION**

Class	Dunlop Front/Rear	Fork Decals (2)	11" Fairing Decals (2)	Dunlop Patch
1. _____	[ ]	[ ]	[ ]	[ ]
2. _____	[ ]	[ ]	[ ]	[ ]
3. _____	[ ]	[ ]	[ ]	[ ]
4. _____	[ ]	[ ]	[ ]	[ ]

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3: SANCTIONING CLUB** - Complete In Full Before Sending to Dunlop

Race Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Class 1. \_\_\_\_\_ Finish

Location: \_\_\_\_\_ 2. \_\_\_\_\_

Club Signature: \_\_\_\_\_ 3. \_\_\_\_\_

Date: \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Section 4: TO BE COMPLETED BY DUNLOP TIRE CORPORATION**

Award: \$ \_\_\_\_\_ Certificate

Dunlop Initials: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**CLUB MAIL ALL FORMS TO:** Debbie Klopp, MC Dept. ☐ Dunlop Tire Corp. ☐ P.O. Box 1109 ☐ Buffalo, NY 14240

MUST Include Official Results (Required to Process Claim Forms)

**Note: Rider/Tech/Club - No certificates will be issued unless all information is provided.**