

Racer Contingency Request Form

| CONTACT INFORMATION | | | | | | | | | |
|---|--|-------------------------------|-----------------------------|--|---------|-----|----|--|--|
| 21200 Telegraph Rd. | | | Send completed forms to: | | | | | | |
| Southfield, MI 48033 866-799-9417 Toll Free 248-350-3206 Fax | | Contingency@racingsprings.com | | | | | | | |
| | | Fax to: 248-350-3206 | | | | | | | |
| | | | Program Contact: Jason Youd | | | | | | |
| ELIGIBILITY REQUIREMENTS | | | | | | | | | |
| Must provide proof of win, series, listing, sanctioning body, etc. Must provide image or picture of vehicle in specific claimed race environment or in finish line. Vehicle must use and clearly display PAC Flame Decal on both sides of vehicle. PAC Racing Springs must post earnings and criteria in the sanctioning body or provide listing information of specific sanctioning body contingencies/payouts for eligible monies available for racers. If you have questions ASK! Please allow 45-60 days for payment. | | | | | | | | | |
| RACER INFORMATION | | | | | | | | | |
| Name: | | | | | Phone#: | | | | |
| Address: | | | | | | | | | |
| City: | | | State: | | | Zij | p: | | |
| Email: | | | | | | | | | |
| Additional Information: | | | | | | | | | |
| RACE SERIES INFORMATION | | | | | | | | | |
| Series Name: | | | | | | | | | |
| Finished Order: | | | | | | | | | |
| Date of Win: | | | | | | | | | |
| Type of Racing: | | Name or Type | e of Class: | | | | | | |
| Did PAC Post in this Series? Y/N | | Amount of Pos | sting: | | | | | | |
| Other Details: | | | | | | | | | |
| Comments: | | | | | | | | | |
| INTERNAL | | | | | | | | | |
| Approval: | | | Date: | | | | | | |
| Comments: | | | | | | | | | |