

FORMULA FIRST CONTINGENCY REDEMPTION FORM

I,	for god	od and valuab	ole consideration, he	ereby authorize	e Hoosier Racing Tire Corp. to	
utilize my name and/or statem	•	•	•	n any/all public	city, and/or sales and/or	
promotional activities. I am cla		y awards for t	J		Finishin a Desition	
Track:	Date:		Class:		Finishing Position:	
All contingency awards must Requests received after this			days after the awar	d was earned	-	
Compliance Checklist:						
Hoosiers mounted on all 4 whe	el positions:	Hoosier Dec	cals on both sides o	f car: Hoo	osier patch sewn on uniform:	
SCCA Scrutineer - Impound Si			Scrutin	eer Member # :		
Driver's Signature :						
Please list the tire(s) below yo	u are requesting t	or your contin	ngency award.			
CATALOG NO.	TIRE	SIZE DESCI	RIPTION	COMPOUND	QUANTITY	
BILLING INFORMATION	 :		SHIP-TO INFO	ORMATION	(if same as Billing, leave blank)	
Name (Company or person): This	section must be o	ompleted.	Name: (Company o		,	
Address (Line 1):			Address (Line 1):			
Address (Line 2):			Address (Line 2):			
City:	State:	Zip Code:	City:			
Phone #:			State:		Zip Code:	
E-mail: (invoice will be e-mailed to t	his address)		Phone #:			
This is where tires will be shipped in	f the Ship-To field is	blank.				
Although there is no charge fo for all freight charges which wi				ontingency pro	gram, you are responsible	
Tire(s) will ship via normal UP	S Ground service	e unless othe	rwise noted below.	(NOTE: faste	r service is more expensive.)	
UPS Ground: UF	PS 3-Day Select:		UPS 2nd Day Air:	ι	JPS Next Day Air:	
Card Number: Expiration		n Date (mo/yr):	Car	d's CID# or V-code:		
Card Holder's Signature:						
After typing in the information a	above, print off a	copy of this o	completed form and	send it, along	with official race results, to:	

Hoosier Racing Tire Corp. 65465 S.R. 931, Lakeville, IN 46536 or you can fax (574-784-2385) or e-mail it to: pnate@hoosiertire.com.