## 2015/2016 Polaris Contingency Form

**Polaris Racing** 

10303 Calumet Ave

ATTN: Lori

Fax completed form to Lori @ 763-847-8181 **OR** email to <u>lori.buchkowski@polaris.com</u> **OR** mail to:

DO NOT submit same form duplicate ways. Please print clearly.

Note: Choose only one option for submitting form.

Name			
Address			
City	State	Zip	
Date of Birth	_	•	
Home Phone ()		Work Phone ()	
E-mail address		(please print clearly)	
Type of Race: SnoCross		Hillclimbs	
·		Enduro	
Event Win: (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> )			
Sanctioned By:			
Location:			
Date:			
Class:			
Model:	Yea	nr: ('14 -'16 Model Only)	
Position Placed:			
Season Championship:			
Sanctioned By:	# o	f Events Raced:	
Class:			
Model:	Yea	ar: ('14 -'16 Models Only)	
Position Placed:			
		at the snowmobile described on	
the results described above on was wearing all safety equips regulations and the snowmob	n this form in the class/class ment recommended by the oile, driver, and equipmen	ses and/or events also described e local and/or state/provincial rate t meet Polaris contingency requal/state racing association safety	above. Also, the drivacing association safe irements. Furthermore
Official's Signature:	Date:	Phone:	
		Phone:	

All contingency forms must be <u>clearly</u> filled out in full and submitted to Polaris Race Department within seven (7) days of race event for payment. Any form received after seven days of race event will be returned.