

2016/2017 Polaris Contingency Form

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

**Note: Choose only one option for submitting form.
DO NOT submit same form duplicate ways.**

**Polaris Racing
ATTN: Lori
202 W Industrial Park Ave
Rothschild, WI 54474**

PLEASE PRINT CLEARLY

Name _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____
Cell Phone (____) _____
E-mail address _____

Type of Race: SnoCross _____ Hillclimbs _____
Cross Country _____ Ice Ovals _____
Enduro _____

Event Win: (1st, 2nd, 3rd)

Sanctioned By: _____
Location: _____
Date: _____
Class: _____
Model: _____ Year: ('15 -'17 Model Only) _____
Position Placed: _____

Season Championship:

Sanctioned By: _____ # of Events Raced: _____
Class: _____
Model: _____ Year: ('15 -'17 Models Only) _____
Position Placed: _____

I, _____, race official, declare that the snowmobile described on this form has achieved the results described above on this form in the class/classes and/or events also described above. Also, the driver was wearing all safety equipment recommended by the local and/or state/provincial racing association safety regulations and the snowmobile, driver, and equipment meet Polaris contingency requirements. Furthermore, the snowmobile complies with all local and/or provincial/state racing association safety regulations.

Official's Signature: _____ Date: _____ Phone: _____

Driver's Signature: _____ Date: _____ Phone: _____

All contingency forms must be clearly 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.