

**2007 TEAM MICHELIN CONTINGENCY PROGRAM**

**Riders must complete this "Claim & Registration Form", Please Type or Print Clearly!**

**Any forms that are not legible or not fully completed with all rider information will not be processed.**

Rider/Team Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_, \_\_\_\_\_,

Team Michelin Number, If known: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, EMAIL Address: \_\_\_\_\_

Telephone Number: Home (\_\_\_\_) \_\_\_\_\_, Work (\_\_\_\_) \_\_\_\_\_

SANCTIONING BODY	TRACK / LOCATION	DATES

RACE CLASS	NOVICE AMATEUR EXPERT	RESULT S	MOTO BRAND	MODEL	YEAR	
1.						
2.						
3.						
4.						
5.						
6.						

I certify that in the listed races:

- I have listed Michelin as a sponsor
- I have a minimum 12" Michelin decal on both sides of my fairings, Mr. Bib decals on the sides of the front fender
- I have a Michelin patch on my leathers
- I have a Michelin tire on the front and the rear to be eligible for Team Michelin Dollars.
- I have completed this claim form on the day of this race and it has been verified by a race official.
- Each class listed started the minimum riders or teams required for qualification.**

In consideration for eligibility to receive contingency under this or any other Michelin supported program, I hereby irrevocably release Michelin North America and its affiliates, at its or their sole discretion, to use my name, photograph, likeness, and racing results for advertising and public relations.

I understand that this contingency may be reportable to The Internal Revenue Service and any taxes are my responsibility. Furthermore I certify that the information provided in this claim/registration form is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Racers Name (please print)**

**Racers Signature**

As an official of the sanctioning body of the aforementioned event, I certify that this racer has complied with the program requirements listed above.

\_\_\_\_\_  
 Officials Name (please print)

Certified by Official Signature

**Riders give completed form to your race organization official:**

<b>MICHELIN USE ONLY</b>		
<b>Date Received:</b>	<b>Date Verified:</b>	<b>By:</b>
1.	2.	3.
4.	5.	6.
<b>TOTAL AMOUNT AWARDED: \$</b>		