2006 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	Results	Moto Brand	Model	Year	
1.						
2.						
3.						
4.						
5.						
6.						

I certify that in the listed races:

1. **I have listed Michelin as a sponsor**
2. **I have a minimum 12" Michelin decal on both sides of my fairings, Mr. Bib decals on the sides of the front fender**
3. **I have a Michelin patch on my leathers**
4. **I have a Michelin tire on the front and the rear to be eligible for Team Michelin Dollars.**
5. **I have completed this claim form on the day of this race and it has been verified by a race official.**
6. ***Each class listed started a minimum of 10 riders to pay 1st-5th…,8 riders to pay 1st-4th*.**

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:

Note: Race Association…send certified form along with official race results **to:**

Michelin Tire Corporation
ATT: Motorcycle / Team Michelin
P.O. Box 19001
Greenville, SC. 29602-9001

MICHELIN USE ONLY		
Date Received:	**Date Verified:**	**By:**
1.	**2.**	**3.**
4.	**5.**	**6.**
TOTAL AMOUNT AWARDED: $		