



TOYOTA / TRD USA, INC. 2024 CONTINGENCY AWARD CLAIM FORM

This form is to be used to claim payment of contingency awards.
To receive payment, a copy of the official results of the event must also be attached.

ONLY ONE RACE OR CHAMPIONSHIP CAN BE CLAIMED PER FORM.

Race Information:

Event Date: / / (mm/dd/yy) Event Location:

Event Name:

Class/Model:

Claim Type: Race Win Championship

Amount Claimed:

This claim is being made in accordance with the Contingency Award Program Guidelines.

As stated in those Guidelines. I hereby authorize Toyota Motor Sales, U.S.A., Inc. TRD USA, Inc. and their affiliated companies, to utilize my name, team name, nickname, voice, likeness, statements, image, biography and background information, social media/online profiles and handles, photographs of me and my race vehicle, and all related intellectual property, for advertising, promotional or any other purposes in any medium throughout the world in perpetuity without additional compensation or consent unless prohibited by law.

Payee Signature:
(if other than driver)

Date:

Driver Signature:

Date:

TRD Vendor ID:

E-mail completed form to: trd.contingency@toyota.com