



# RESULTS REPORTING FORM

**THIS FORM SHOULD BE MAILED WITH A CHECK WITHIN 10 DAYS OF LAST EVENT IN SERIES OR LAST DATE OF EVENT.**

**CHECKS MUST BE MADE PAYABLE TO BONUS RACE FINALS**

**PO BOX 306 CHECOTAH OK 74426**

Date of event (or last date in series) \_\_\_\_\_ Name of event \_\_\_\_\_

City and state of event \_\_\_\_\_

Producer Name \_\_\_\_\_ Phone \_\_\_\_\_

Producer Email \_\_\_\_\_

I have emailed results for this event \_\_\_\_\_ from this email \_\_\_\_\_ (note if different from above)

I have mailed a hard copy of results (attached here) \_\_\_\_\_

I have enclosed a check for this event or series \$ \_\_\_\_\_ ck # \_\_\_\_\_ Please mail within 10 days of completion of event

I have noted qualifiers on my results and posted on my website/fb page (if available) \_\_\_\_\_

I have attached a list of qualifiers (or feel free to write below) with city and state \_\_\_\_\_ based on 5D ½ sec split

I have attached the producer membership list for any NEW contestants that may not be in the computer system (with their address and email)

**IF A SEPARATE LIST OF QUALIFIERS IS not ATTACHED PLEASE NOTE QUALIFIERS FOR THIS EVENT BELOW WITH THEIR HOMETOWN CITY AND STATE THANK YOU (QUESTIONS CALL RENEA BOLLING 918-617-0660 OR EMAIL [bbarrelbash@yahoo.com](mailto:bbarrelbash@yahoo.com))**