



2025 WERA CONTINGENCY FORM

VORTEX RACING

RIDER NAME: _____

COMPETITION NUMBER: _____ WERA ID: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RIDER'S SIGNATURE: _____ DATE: _____

TECH INSPECTOR: _____ DATE: _____

TECH INSPECTOR SIGNATURE: _____