



Mathews Archery, Inc. Contingency Request Form
Please complete this form and return it with your W-9 Form (Attached)
(Please print legibly as illegible or incomplete request cannot be processed)

ASA Shoot Contingency is requested for Location: _____

Date of ASA Shoot Contingency is request for: _____

Class of ASA Shoot Contingency is request for: _____

Place of finish of Shoot Contingency is request for: _____

Name of Shooter: _____

Address of Shooter: _____
Street Address City/St/Zip

Phone number of Shooter: _____

Serial Number of Mathews Bow Used to compete: _____

Witness contact information: _____

Name	Phone Number
(Witness is a person who can verify that you competed with your Mathews Bow throughout the event and earned the above listed contingency)	

I hereby certify that I utilized my Mathews Bow throughout the ASA Event to earn the above contingency and release the use of my likeness in promotion of the contingency program:

Signature of Shooter Date Signed

Please complete and return this form along with Page 1 of the W-9 Form to:
Derek Phillips
Mathews Archery, Inc.
Via email: dphillips@mathewsinc.com
Or Fax: 608-366-3241

Please allow 30 days for your contingency request to be processed after the posting of official results by the Archery Shooters Association. Note: all ties of contingency will be split. Additionally, there must be at least 12 or more shooters in a class to qualify for the contingency.