



40077509999999995

B. Field Claims: Tier 1 and Tier 2 Claims

Please list below the Name of Each Duraspine Field(s) Purchased (for Example John Smith Memorial Field) and Select your Tier Status.

| Field Name and Address | |
|--|--|
| Field Name: <input type="text"/> | |
| Street Address: <input type="text"/> | |
| City: <input type="text"/> | State: <input type="text"/> ZIP Code: <input type="text"/> |
| Tier Status Selection (Field 1) (CHECK ONLY ONE TIER AND AWARD) | |
| <input type="checkbox"/> TIER 1 – See Section C Below | <input type="checkbox"/> TIER 2 – No Documentation (Please go to Section D) |
| Check One Box: <input type="checkbox"/> \$7,500 CASH Payment Award <input type="checkbox"/> \$50,000 Credit Award | Check One Box: <input type="checkbox"/> \$2,000 CASH Payment Award <input type="checkbox"/> \$20,000 Credit Award |

| Field Name and Address | |
|--|--|
| Field Name: <input type="text"/> | |
| Street Address: <input type="text"/> | |
| City: <input type="text"/> | State: <input type="text"/> ZIP Code: <input type="text"/> |
| Tier Status Selection (Field 2) (CHECK ONLY ONE TIER AND AWARD) | |
| <input type="checkbox"/> TIER 1 – See Section C Below | <input type="checkbox"/> TIER 2 – No Documentation (Please go to Section D) |
| Check One Box: <input type="checkbox"/> \$7,500 CASH Payment Award <input type="checkbox"/> \$50,000 Credit Award | Check One Box: <input type="checkbox"/> \$2,000 CASH Payment Award <input type="checkbox"/> \$20,000 Credit Award |

| Field Name and Address | |
|--|--|
| Field Name: <input type="text"/> | |
| Street Address: <input type="text"/> | |
| City: <input type="text"/> | State: <input type="text"/> ZIP Code: <input type="text"/> |
| Tier Status Selection (Field 3) (CHECK ONLY ONE TIER AND AWARD) | |
| <input type="checkbox"/> TIER 1 – See Section C Below | <input type="checkbox"/> TIER 2 – No Documentation (Please go to Section D) |
| Check One Box: <input type="checkbox"/> \$7,500 CASH Payment Award <input type="checkbox"/> \$50,000 Credit Award | Check One Box: <input type="checkbox"/> \$2,000 CASH Payment Award <input type="checkbox"/> \$20,000 Credit Award |

FOR MORE INFORMATION OR TO DOWNLOAD A COPY OF THE CLAIM FORM ONLINE
VISIT WWW.FIELDTURFLASSACTION.COM



40077509999999995

E. Signature

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that the information provided in this Claim Form is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted in connection with this form and the information contained therein are true, accurate, and complete to the best of my knowledge.

I certify that I am authorized to act on behalf of the entity submitting this Claim Form.

By submitting this Claim Form, I consent to the use and disclosure by the Claims Administrator and those assisting the Claims Administrator of any information about me that they believe necessary and/or helpful to process my claim for compensation and any payment resulting from that claim.

Signature

Date: - -
MM DD YYYY

Printed Name

Title

An authorized representative must sign this Claim Form personally.

**FOR MORE INFORMATION OR TO DOWNLOAD A COPY OF THE CLAIM FORM ONLINE
VISIT WWW.FIELDTURFCLASSACTION.COM**