

SCCA RallyCross

2017 RALLYCROSS SANCTION APPLICATION

SANCTION NUMBER: _____ (Assigned by National Office)

For sanctioning purposes the sanction/insurance form and the RallyCross safety plan must be submitted a minimum of 14 days prior to the event or a late fee will apply. No prepayment fee is needed.

Late Fees for sanctions under 14 days: \$25

1) EVENT DATE: _____ 2) REGION/EVENT NAME _____

3) LOCATION/ADDRESS OF EVENT: _____

IS THIS A NEW SITE? __ Y __ N IS THIS A NEW PROGRAM FOR YOUR REGION? __ Y __ N

EVENT OFFICIALS:

Chairman: _____ SCCA Member # _____

(Must be current adult SCCA member)

Phone _____
(Day) (Evening) (Cell)

Email _____ Fax _____

Primary Safety Steward: _____ SCCA Member # _____

(Must be current adult SCCA member with RallyCross Safety Steward License. May not serve as the course designer.)

2nd Safety Steward: _____ SCCA Member # _____

(Required if primary Safety Steward is competing in the event. Needs approval of RallyCross Safety Steward)

Tech Inspector: _____ SCCA Member # _____

Course Designer: _____ SCCA Member # _____

(May not be the primary Safety Steward)

SANCTION EXCEPTION REQUESTS (include reason): _____

INSURANCE CERTIFICATE REQUIREMENTS

Send Original Insurance Certificate to:

Name: _____ Email: _____

Name: _____ Email: _____

Additional Insured

Name: _____ Address: _____ Email: _____

Name: _____ Address: _____ Email: _____

Insurance certificates will be emailed

EVENT SITE INFORMATION:

Type of facility (fairgrounds, parking lot, etc): _____

Approximate Size of course area: _____ Course Length: _____

AGREEMENT TO CONDITIONS:

In requesting a SCCA RallyCross Sanction, the organizer certifies that this event will be organized and conducted in accordance with the RallyCross Rules, Safety Plan and Event Supplemental Regulations.

This Sanction/Insurance form must be submitted to the SCCA Rally Department a minimum of 14 days prior to the event along with the completed Safety Plan.

One Charity event per year may be held for a flat fee of \$80. Proof of the charitable nature of the event must accompany the audit form along with payment. Please write on the sanction that it is for a Charity event. Please submit number of participants.

The Divisional RallyCross Steward signature or approval must be received before the event will be placed on the calendar.

The RallyCross Audit Form must be completed and returned to the SCCA Rally Department along with the appropriate sanction fee and insurance fee no later than 14 days after the event. Sanction fee is \$5.00 per driver after 10 cars **(minimum \$50.00). Insurance fee is \$80.00 minimum** (after 20 cars \$4.00 per driver).

If a region is in arrears on audit payments by more than 14 days, further sanction applications may not be approved. Over 14 days audits are assessed a \$25 fee. Audits not paid within 30 days of the event may incur an additional fee for the region. In the event of a cancellation, written notice (email/fax) is required no later than 2 weeks after the originally scheduled event date. If written notice is not received within this time, the host region may be charged for the event

Signatures:

Event Organizer: _____ Date _____

Regional Executive/RE Designee _____ Date _____

Divisional RallyCross Steward _____ Date _____

SCCA Rally Department**6620 SE Dwight St**Topeka, KS 66619
(800) 770-2055 ext. 331
FAX: 785-861-1731 E-MAIL: Drowland@SCCA.com

SCCA RallyCross®

Safety Plan

EVENT NAME _____ DATE _____

SCCA Division _____ Sanctioning Region _____

EVENT OFFICIALS:			
Chairman: _____	Cell Phone: _____		
Safety Steward #1: _____	Cell Phone: _____		
Safety Steward #2: _____	Cell Phone: _____		
Landowner: _____	Cell Phone: _____		
Address of Event Location: _____			
	Street address	City	State/Zip

Length of Course: _____ miles Description of Course: _____

Directions from major intersection: _____

EMERGENCY CONTACT INFORMATION		
<i>AGENCY</i>	<i>EMERGENCY PHONE NUMBER</i>	<i>CONTACT NAME (IF KNOWN)</i>
Police		
Sheriff		
State Highway Patrol		
Ambulance		
Fire/Rescue		

EMERGENCY RESPONSE PROCEDURES	
<i>WHO IS RESPONSIBLE FOR:</i>	<i>NAME/PHONE</i>
Decision making during incident response	
Notifying the authorities	
Primary Event Spokesperson	
Gathering Incident-related Information	

What will you do if there is a medical or competitor emergency? (Please be specific)

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