



2016 RALLYSPRINT & TRIALS AUDIT FORM

The RallySPRINT/RallyTRIALS 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. An event is considered completed upon receipt of this audit form with payment.

SANCTION NUMBER: _____ EVENT DATE: _____

Event Name _____ EVENT LOCATION: _____

Region _____ EVENT CHAIR: _____

Were there any safety incidents requiring the filing of an Incident Report form? YES _____ NO _____

If yes, has the form been sent to Risk Management? YES _____ NO _____ Date Sent: _____

<u>NUMBER OF ENTRIES:</u>	Total Amount
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RALLYSPRINT

_____ \$7.50 per car Insurance, or \$100 minimum (\$100 minimum is for less than 14 cars)	_____
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_____ \$5.00 per car Sanction	_____
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RALLYTRIALS

_____ \$5.50 per car Insurance, or \$100 minimum (\$100 minimum is for less than 19 cars)	_____
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_____ \$5.00 per car Sanction	_____
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Sanction or Audit Late Fee	_____
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Total Sanction/Insurance Fee Due	_____
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VISA/MASTERCARD/DISCOVER: _____ EXP. DATE _____ 3digit code) _____

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Insurance fee minimum is \$100

If a region is in arrears on audit payments by more than 30 days, further sanction applications may be denied. In the event of a cancellation, written notice is required via fax (785-861-1731) or email (drowland@scca.com) no later than 14 days after the event date.

I hereby certify that the information on this RallySPRINT/RallyTRIALS audit form is correct and that we understand the rules and penalties stated here.

Event Organizer Signature

DATE

SCCA Rally Department ** 6620 SE Dwight St ** Topeka, KS 66619
1-800-2055 ext. 331/ Fax: 785-861-1731