

# SCCA RallyCross®

## RALLYCROSS SANCTION APPLICATION

SANCTION NUMBER: \_\_\_\_\_ (Assigned by National Office)

**Use this application for an event prior to March 1, 2018**

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? \_\_ Yes \_\_ No**

**Is this a new program for your region? \_\_ Yes \_\_ No**

### EVENT OFFICIALS:

**Chairman:** \_\_\_\_\_ **SCCA Member #** \_\_\_\_\_

*(Must be current adult annual SCCA member)*

Phone \_\_\_\_\_  
(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

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: \_\_\_\_\_

Name: \_\_\_\_\_

Insurance certificates will be emailed

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## EVENT SITE INFORMATION:

Type of facility (fairgrounds, parking lot, etc): \_\_\_\_\_  
Approximate Size of course area: \_\_\_\_\_  
Approximate 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 \_\_\_\_\_

**Use this application for an event prior to March 1, 2018**

SCCA Rally Department\*\*6620 SE Dwight St\*\*Topeka, KS 66619  
(800) 770-2055 ext. 331  
Fax: 785-861-1731 Email: [Drowland@SCCA.com](mailto:Drowland@SCCA.com)

# SCCA RallyCross®

## Safety Plan

Event Name \_\_\_\_\_ Date \_\_\_\_\_

SCCA Division \_\_\_\_\_ Sanctioning Region \_\_\_\_\_

<b>Event Officials:</b>		
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: \_\_\_\_\_

Description of Course: \_\_\_\_\_

Directions from major intersection: \_\_\_\_\_

### Emergency Contact Information

Agency	Emergency Phone Number	Contact Name (If known)
Police		
Sheriff		
State Highway Patrol		
Ambulance		
Fire/Rescue		

### Emergency Response Procedures

Who is Responsible For:	Phone Number	Name
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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