

# SCCA RallyCross®

## RALLYCROSS SANCTION APPLICATION

SANCTION NUMBER: \_\_\_\_\_ (Assigned by National Office; found on insurance certificate)

The completed Sanction Application and the RallyCross Safety Plan forms must be submitted a **minimum of 14 days prior to the event or a late fee of \$25 will apply**. Late fee must be included with audit payment.

- 1) Event date: \_\_\_\_\_ 2) Region/Region #: \_\_\_\_\_  
3) Site Name: \_\_\_\_\_ 4) Address: \_\_\_\_\_  
5) Event Name: \_\_\_\_\_

Sanction fee is waived for regions hosting a RallyCross event for the first time or existing programs running on a new site for the first event. The region is still responsible for insurance fee.

Is this a new site?  Yes  No      Is this a new program for your region?  Yes  No

Is this a Charity event?  Yes  No

### EVENT OFFICIALS:

**All event officials must be active SCCA member over 18 years of age.**

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

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

Email: \_\_\_\_\_

**Primary Safety Steward:** \_\_\_\_\_ **SCCA Member #** \_\_\_\_\_

*(Must @/å current 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 #** \_\_\_\_\_  
*(Can not be the primary Safety Steward)*

### INSURANCE CERTIFICATE REQUIREMENTS

Send Original Insurance Certificate to:

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

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

Additional Insured:

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

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

Insurance certificates will be emailed

Additional Insurance Language:

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## EVENT SITE INFORMATION:

Type of facility (fairgrounds, parking lot, etc): \_\_\_\_\_

Event surface type (dirt, gravel, clay, etc): \_\_\_\_\_

Approximate Size of course area: \_\_\_\_\_

Approximate Course Length: \_\_\_\_\_

## AGREEMENT TO CONDITIONS:

In requesting an 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 \$80.00. Proof of the charitable nature of the event must accompany the audit form along with payment. Please still submit number of participants on audit for reporting purposes.***

The Divisional RallyCross Steward signature or approval must be received before Sanction Application will be processed and the event posted on SCCA.com.

The RallyCross Audit Form must be completed and returned to the SCCA Rally Department (contact information below) along with the appropriate sanction and insurance fee no later than 14 days after the event. Sanction fee is \$6.50 per driver. Insurance fee is \$4.00 per driver. A minimum of \$80.00 insurance fee is required for all events.

**A late fee of \$25.00 will be assessed on audit payments not submitted within 14 days after the event and \$50.00 for audit payments not submitted within 30 days of the event. Additionally, regions with outstanding audit payments in excess of 30 days may be denied further sanctions until all previous audits are paid in full.** In the event of a cancellation, written notice (email- [sanction@SCCA.com](mailto:sanction@SCCA.com)) 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, Attn: Jamie Mullin  
6620 SE Dwight St  
Topeka, KS, 66619  
(800) 770-2055 ext. 371

Email: [sanction@SCCA.com](mailto:sanction@SCCA.com)

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## 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 Code

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		

### In the event of a medical or competitor emergency:

-For any spectator injury, fatality or serious participant injury, obtain witness contact information.

-In the event of a SERIOUS BODILY INJURY, call the **SCCA Critical Incident Hotline** at **785-862-7112** and follow the instructions.

Please state below any further site or region specific medical or competitor emergency steps to be taken:

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