



2019 SCCA RALLYCROSS AUDIT FORM

The RallyCross Audit Form must be completed and returned to the SCCA Sanction Department within 14 days of the event or a \$25 late fee will be assessed. Payment must be received by the SCCA Sanction Department within 28 days or a \$25 late fee will be assessed.

1 - ORGANIZER INFORMATION

Sanction Number: _____ Region Name: _____
 Event Name: _____ Event Date(s): _____
 Event Chair Name: _____ Event Location: _____

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: _____

2 - EVENT INFORMATION

- Sanction fee is \$6.50 per unique driver - Insurance fee is \$4.00 per unique driver. **Insurance fee minimum is \$80.**
- **Audits must be submitted within 14 days of the event or a \$25 late fee will be assessed.**
- **Payment is due within 28 days of the event or a \$25 late fee will be assessed.**
- **Regions with outstanding audit payments in excess of 28 days may be denied further sanctions until paid in full.**

YES NO

Did the region turn in Sanction application less than 14 days prior to the event?

Is the event revenue being donated to a 501(c)(3) Charity?

If YES please please fill out the information in the Charity info box below. Total fees for a Charity event is \$80. Region is allowed one Charity per year.

Was the event run at a new site for the first time?

If YES the sanction fee is waived for the first event on that site only.

Was this event the first RallyCross for the region?

If YES the sanction fee is waived for the first event the region has ever run.

Charity Information

Charity Name: _____ Tax ID#: _____

- Number of unique Drivers _____ X \$6.50 per car Sanction fee = _____
 - Number of unique Drivers _____ X \$4.00 per car insurance fee (\$80 minimum) = _____
 - Charity event (\$80 flat fee, please still include number of drivers for reporting purposes) = _____
 - Number of drivers for charity event _____
 - Sanction application late fee (if applicable). Applications submitted less than 14 days before the event late fee is \$250 = _____
 - Audit late fee (see above). Audit's submitted later than 14 days than the event fee is \$25. = _____
 - Payment late fee (see above). Payment submitted later than 28 days after the event is \$25. = _____

TOTAL AUDIT FEE ENCLOSED = _____

EVENT RESULTS ARE DUE ALONG WITH THIS AUDIT FORM

3 - PAYMENT INFORMATION

Payment Type: **Credit Card (Visa, MasterCard, or Discover)** **Check Enclosed** **Invoice Region**

Credit Card Type: _____ Credit Card #: _____ Exp. Date: _____ (3 digit code): _____
**If Credit Card # is on file, please provide last 4 digits

Card holder's name (as it appears on the card): _____ Card holder's Signature: _____

Billing address: _____ City: _____ State: _____ Zip: _____

Audit submitted by (please print legibly): _____ Member #: _____