SCCA® RallyCross®

AUDIT FORM

The RallyCross Audit Form must be completed and returned to the SCCA Rally Department along with the appropriate sanction and insurance fee no later than 14 days after the event.

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: _____

AUDIT WORKSHEET

- Sanction fee is $6.50 per driver.
- Insurance fee is $4.00 per driver. **Insurance fee minimum is $80 (20 drivers X $4.00 = $80).**
- Audits must be submitted within 14 days of the event or a $25 late fee will be assessed.
- Audit fees are due within 30 days after the audit form submission date.
- Regions with outstanding audit payments in excess of 30 days may be denied further sanctions until paid in full.
- A once a year Charity event is allowed per region and is a flat insurance fee of $80 (no Sanction fee is charged).
- Was this event run at a new site? ☐ YES ☐ NO and/or a new program for your region? ☐ YES ☐ NO
- Sanction fee is waived for regions hosting a RallyCross event for the first time and/or existing programs running on a new site for the first event. The region is still responsible for insurance fee.

- Number of Drivers _____ x_____ per car Sanction fee =$ 0.00
- Number of Drivers _____ x_____ per car Insurance fee (**$80 minimum**) =_____
- Charity event ($80 flat fee, please still include number of drivers for reporting purposes) =_____
- Sanction Application Late Fee (if applicable) applications submitted less than 14 days before event is $25 =_____
- Audit Late Fee (if applicable) 14-29 days after event = $25, 30+ days after event = $50 =_____
- TOTAL AUDIT FEE DUE =$ 0.00

EVENT RESULTS ARE DUE ALONG WITH THE AUDIT SHEET AND PAYMENT

Payment Type: ☐ Credit Card ☐ Check enclosed ☐ Invoice Region

Credit Card Type: _____Credit Card #: _____ Exp. Date _____(3digit code)_____

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

Billing address: _____ City: _____State: _____ Zip code: _____

Event Organizer Signature DATE

SCCA Rally Department, Attn: Jamie Mullin
6620 SE Dwight St
Topeka, KS, 66619
1-800-770-2055 ext 371
sanction@SCCA.com