

SCCA RallyCross

Use this form for any event after March 1, 2018

SANCTION AND INSURANCE AUDIT FORM

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. 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: _____

NUMBER OF ENTRIES: _____ Total Amount _____

\$6.50 per driver Sanction _____

(Sanction Minimum \$50.00)

_____ \$4.00 per driver Insurance _____

(You must pay a Minimum of \$80.00)

Sanction or Audit Late Fee _____

Total Sanction/Insurance Fee Due _____

(Total Minimum due Sanction & Insurance \$130)**

****EVENT RESULTS ARE DUE ALONG WITH THE AUDIT SHEET AND PAYMENT****

****CHARITY EVENT – Regions are allowed one Charity Event per year. No Sanction fee is due, flat insurance fee of \$80.00, plus proof of Charity will be due. Please include number of participants.**

VISA/MASTERCARD/DISCOVER: _____ EXP. DATE _____ (3digit code) _____

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 OR LATE FEES MAY APPLY. Sanction fee is \$6.50 per driver insurance fee is \$3.50 per driver. **Sanction fee minimum is \$50** (10 drivers x \$6.50 = \$50).

Insurance fee minimum is \$80 (20 drivers x 4.00 = \$80).

MINIMUM RALLYCROSS PAYMENT DUE IS \$130.00 (\$50 sanction minimum/\$80 insurance minimum)

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 RallyCross 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 66619-800.2055 ext 331/ Fax: 785-861-1731