



2019 SCCA SOLO AUDIT FORM

The Solo 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 Safety Steward: _____
 If YES, has the form been sent to Risk Management? YES NO Date sent: _____ Chief of Waivers: _____

2 - EVENT INFORMATION

- Sanction fee is \$6.50 per unique driver - Insurance fee is \$6.50 per unique driver. **Insurance fee minimum is \$130.**
- **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.

Charity Information

Charity Name: _____ Tax ID#: _____

- Number of unique Drivers _____ X \$6.50 per car Sanction fee = _____
 - Number of unique Drivers _____ X \$6.50 per car insurance fee (\$130 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 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 = _____

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): _____
 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 #: _____