



# 2019 SCCA ROADRALLY AUDIT FORM

The RoadRally 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: \_\_\_\_\_  
 Date of course pre-check: \_\_\_\_\_  
 Were there any safety incidents requiring the filing of an Incident Report? YES NO  
 If YES, has the form been sent to Risk Management? YES Date sent: \_\_\_\_\_

## 2 - EVENT INFORMATION

### Charity Information

Charity Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

- 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.

Sanction Fees: **National** \$10.00 per car **Divisional** \$4.00 per car **Regional** \$2.00 per car

- Number of cars \_\_\_\_\_ X \_\_\_\_\_ per car Sanction fee = \_\_\_\_\_  
 - Number of cars \_\_\_\_\_ X \$4.00 per car insurance fee = \_\_\_\_\_  
 - Charity event (\$80 flat fee, please still include number of drivers for reporting purposes) \_\_\_\_\_ = \_\_\_\_\_  
 - Social Rally (\$4.00 per car, \$40.00 maximum) \_\_\_\_\_ x \$4.00 or \$40 = \_\_\_\_\_  
 - Multi-day Rally (>3 days) Number of cars \_\_\_\_\_ X \$3.00 day X \_\_\_\_\_ days over 3 = \_\_\_\_\_  
 - Trek (\$4.00/car) \_\_\_\_\_ X \$4.00 = \_\_\_\_\_  
 - Sanction application late fee (if applicable). Applications submitted as follows: **Regional less than 14 days/Divisional less than 45 days/National less than 90 days** = \_\_\_\_\_  
 - 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): \_\_\_\_\_  
\*\*If Credit card # is on file, please provide last 4 digits  
 Cardholder's name (as it appears on the card): \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_  
 Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Audit submitted by (please print legibly): \_\_\_\_\_ Member #: \_\_\_\_\_