



## 2019 SCCA TIME TRIALS/TRACK EVENT/ HILLCLIMB

### AUDIT FORM

This Audit form is to be completed for each Time Trials, Track Event, TrackSprint (standalone) and HillClimb Event. The Audit form must be completed and returned to the SCCA Sanction Department no later than 14 days after the event. Post-event audit numbers must match the Master Participation List included in the Event Report. Payment is due within 28 days after the event. If a region is in arrears on audit payments more than 28 days, further sanction applications may not be approved.

#### 1. ORGANIZER INFORMATION:

Sanction Number(s): \_\_\_\_\_ Region Name: \_\_\_\_\_  
 Event Date(s) (Month/Day/Year): \_\_\_\_\_ Event Location: \_\_\_\_\_

Event Report with Master Participation List **MUST** be submitted with this completed Audit form.  
 Post-event audit numbers **MUST** match the Master Participation List. Do not use registration numbers.

#### 2. EVENT INFORMATION:

Enter per unique driver entry per class per weekend.

Event Type	# of unique drivers	Sanction	Insurance	Volunteer	TOTAL
Time Trials		<b>\$7.50</b>	<b>\$10.50</b>	<b>\$0.00</b>	
Track Event		<b>\$3.00</b>	<b>\$10.50</b>	<b>\$0.00</b>	
TrackSprint (Standalone)		<b>\$3.00</b>	<b>\$10.50</b>	<b>\$0.00</b>	
HillClimb		<b>\$3.00</b>	<b>\$28.50</b>	<b>\$4.00</b>	
<b>Total Sanction/Insurance/Volunteer fees due:</b>					

#### 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: \_\_\_\_\_  
 Cardholder's name (as it appears on card): \_\_\_\_\_ Signature: \_\_\_\_\_  
 Billing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Audit submitted by (print legibly): \_\_\_\_\_ Member # \_\_\_\_\_

#### 4. HOW TO SUBMIT:

- \* Email to [sanction@scca.com](mailto:sanction@scca.com)
- \* Mail: SCCA Sanction, P.O. Box 1833, Topeka, KS 66601