



Protest

Reference No.

(THIS SECTION TO BE COMPLETED BY PROTESTING DRIVER, ENTRANT OR OFFICIAL THEN TAKEN TO THE CHIEF STEWARD)

(CIRCLE ONE)

I, _____, **Driver, Entrant or Official**, of Car # _____ Class _____

do hereby protest Driver of Car # _____ Class _____ Driver _____

or the decision/action of (Official) _____

I hereby charge violation of paragraph _____ of the General Competition Rules

or section _____ of the Supplemental Regulations, specifically,

Time Filed: _____ and have attached the \$ _____ **Protest Fee (Nat'l=\$50 Reg=\$25)**

Print/Sign: _____ **Member #:** _____

(If teardown is required, Bond will be set by the SOM & agreed to by all BEFORE work begins, please see back page)

THIS SECTION TO BE COMPLETED BY THE CHIEF STEWARD

Time Received: _____ Date: _____ Track: _____

Protest Fee Received: _____

Chief Steward Sign/Print: _____

License #: _____

Notes: _____

DO NOT USE

TO BE COMPLETED BY CHAIRMAN SOM

Protestor Name: _____ Member #: _____

Address: _____ City, St & Zip: _____

Phone (H) _____ (W) _____ Email: _____

Protestee Name: _____ Member #: _____

Address: _____ City, St & Zip: _____

Phone (H) _____ (W) _____ Email: _____

Time Filed: _____ Date: _____ Track: _____

HEARING (ATTACH WITNESS STATEMENTS)

Please list name of each witness heard: _____

DECISION (CHECK ONE)

UPHELD

DISALLOWED

WITHDRAWN

Basis for Decision: _____

TIMES PARTIES NOTIFIED

Protestor Time _____

Protestee Time _____

T & S Time _____

Tech Time _____

Registration Time _____

Other _____

(If any of the above parties were notified by letter, please attach a copy of the notification letter)

Please list name of each SOM who sat on this court: _____

Penalty(s) Imposed: _____ **POINTS ASSESSED:** _____

Protest Fee: (CHECK ONE) **Returned to Protestor** **Retained and Sent to SCCA**

Amount of Bond \$ _____ **Tear Down Fee Received:** _____

Distribution of Bond: _____

Special Instructions: _____

Chairman SOM Sign/Print: _____ **License #:** _____

SCCA Club Racing PO Box 19400, Topeka, KS 66619-0400 800-770-2055 Fax 785-232-7214 www.scca.com

****GIVE THIS TO THE DRIVER****

Driver's Name: _____ Track: _____ Date: _____

Session (CHECK ONE): **PRACTICE** **QUALIFYING** **RACE IMPOUND**

You have been found in violation of section _____ of the GCR or Supplementary Regulations for this event and have been penalized in the following manner: _____

This penalty will cause _____ penalty points to be assessed against your competition license per section 7.4.A of the GCR. PLEASE NOTE: Under section 8.4 of the GCR, you have the right to APPEAL this decision. Such an appeal MUST be filed within 10 days of your notification of this decision.

**For COA Procedures please see SCCA GCR section 8.4, www.scca.com or call the Club Racing Dept. 800-770-2055*

Chairman SOM Sign/Print: _____

License #: _____ Date: _____