SANCTION NUMBER:							
	(Office Use Only)						
LATE FEES FOR SANG	CTIONS RECEIVED UNDER 14 DAYS: \$25.00						
1. Region	Event Date(s) 2						
3. Location/Address of Event:							
4. PLEASE CHECK TYPE OF EV	ENT:						
received by National office 21 () One (1) Charity Event per yea () Jr.Driver Program-Application for non-spectator Solo events **MUST HAVE NATIONAL OFFICE () Spectator Solo-include a copy of () Race Track Solo-Include a cop () Solo Trials-Submit with applic () Drift Event () Other:	ed-Sanction application & Sample advertisement must be days prior to the event. (Section 2.5) ar/per Region - No Sanction Fee/ Insurance fee \$80.00 for these types of events follow the same format as required as (Appendix H-SR) AGES RUNNING: **5-7 **8-11 12-15 APPROVAL TO RUN AGES 5-7/8-11 written approval from the Solo Safety committee for all Spectator events. By of written approval from the current Divisional Solo Safety Steward. Seation an event site approval request to the National Office. Audit form to: (Insurance Certificate will be emailed)						
5. Send Insurance Certificate & A	ludit form to: (Insurance Certificate will be emailed)						
NAME:	Member #						
Email:							
Daytime Phone:							
	DING INSURANCE CERTIFICATES: E WILL BE EMAILED						
NAME:	Event Relations:						
EMAIL:							
*ADDRESS: (address,city,state, 27). Please list any Additional Insur	zip) reds you would like listed on the Insurance Certificate:						
NAME:	Event Relations:						
	Event Relations:						
NAME:	Event Relations:						
8. EVENT OFFICIALS (MUST BE CU	IRRENT SCCA MEMBERS)						
	Member #:						
	Home Phone()						

Please check which phone number should appear as the contact number in SportsCar.

8. EVENT OFFICIALS - CONTINUED Solo Safety Steward (Must be Current) _____ *PLEASE NOTE* A second safety steward must be present if the above listed steward will be competing in the event. Phone: ______ Email: __ **Youth Steward***(Must be current) ______ Member # _____ *(For Jr.Driver Events) Phone: ______ Email: _____ **Chief of Waivers:** (Must be current) ______Member # _____ Phone: Email: 9. PLEASE CHECK THE PROPER CODE FOR SOLO EVENT SITE INFORMATION □ SM - Shopping Mall □ AA - Airport (active) □ RRC - Race Track (Road Course) □ AI - Airport (inactive) □ PSS - Professional Sports Stadium □ RRO - Race Track (Oval) □ CU - College/University □ GC - Government (City) □ RRD - Race Track (Drag) □ PS - Public School □ GS - Government (State) □ RRH - Race Track (Horse) □ MA - Military Base (active) □ GF - Government (Federal) □ OT - Other (list) □ MD - Military Base (decommissioned) □ MF - Manufacturing facility (name company) □ CA - Casino Event Site Code _____ Comment: __ Course area surface (concrete, asphalt, etc.) Approx. Size of course area: 10. In requesting SCCA Solo sanctions, the organizing region certifies that this event will be organized and conducted in accordance with the mandatory portions of the Solo rules. REGION RESULTS WHICH INCLUDE SCCA MEMBER NUMBERS MUST BE SENT IN ALONG AUDIT The Solo audit form must be completed and returned to the SCCA Solo Department along with the appropriate sanction fee and insurance fee - NO LATER THAN 14 DAYS AFTER THE EVENT. Sanction fee is \$6.50 per driver, insurance fee is \$6.50 per driver (Minimum Insurance fee \$130/20 Drivers) If a region is in arrears on audit payments by more than 30 days, further sanction applications may not be approved. 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 originally scheduled event date. If written notice is not received within this time, late charges may apply.

E	Cl:	/	- :	C:	L
Event	Cnair/	'Orgai	nızer	Signa	ture

Date

11. Signature of Regional Executive (R.E.) is required unless SCCA has received written permission from the R.E. giving authority to an organizer/chairperson to request sanctions.

Regional Executive (Or Designee) Signature

Date

Questions? Call Deena Rowland 1-800-770-2055 ext 331 or email: Drowland@SCCA.com

