SCCA® RallyCross®

Use this form for any event prior to March 1, 2018

SANCTION AND INSURANCE AUDIT FORM

The RallyCross Audit Form must be completed and returned to the SCCA Rally Department along with the appropriate sanction fee and insurance fee no later than 14 days after the event. An event is considered completed upon receipt of this audit form with payment.

SANCTION NUMBER: _____ EVENT DATE: _____

Event Name _____ EVENT LOCATION: _____

Region _____ EVENT CHAIR: _____

Were there any safety incidents requiring the filing of an Incident Report form?   YES _____   NO _____

If yes, has the form been sent to Risk Management?   YES _____   NO _____ Date Sent: _____

<u>NUMBER OF ENTRIES</u>:   Total Amount

$5.00 per driver Sanction   _____
        (**Sanction Minimum $50.00**)

_____ $4.00 per driver Insurance   _____
(**You must pay a Minimum of $80.00**)
Sanction or Audit Late Fee   _____

    Total Sanction/Insurance Fee Due   _____
                    (**Total Minimum due Sanction & Insurance $130**)**

EVENT RESULTS ARE DUE ALONG WITH THE AUDIT SHEET AND PAYMENT

**CHARITY EVENT – Regions are allowed one Charity Event per year. No Sanction fee is due, flat insurance fee of $80.00, plus proof of Charity will be due. Please include number of participants.

VISA/MASTERCARD/DISCOVER: _____ EXP. DATE _____(3digit code) _____
The RallyCross Audit Form must be completed and returned to the SCCA Rally Department along with the appropriate sanction fee and insurance fee NO LATER THAN 14 DAYS AFTER THE EVENT OR LATE FEES MAY APPLY. Sanction fee is $5.00 per driver insurance fee is $3.50 per driver. **Sanction fee minimum is $50** (10 drivers x $5 = $50). **Insurance fee minimum is $80** (20 drivers x 4.00 =$80).
       MINIMUM RALLYCROSS PAYMENT DUE IS $130.00 ($50 sanction minimum/$80 insurance minimum)

If a region is in arrears on audit payments by more than 30 days, further sanction applications may be denied. 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 event date.

I hereby certify that the information on this RallyCross audit form is correct and that we understand the rules and penalties stated here.

_____
Event Organizer Signature   DATE

SCCA Rally Department ** 6620 SE Dwight St ** Topeka, KS   666191-800.2055 ext 331/ Fax: 785-861-1731