



2019 SCCA SANCTION APPLICATION

Sanction requests must be submitted by an authorized Sanction Requester.

\$250.00 late application fee per program specifics (See Details on Page 2 - Event Agreement) TRSS & Non-Competition Events Excluded

Sanction Number (Office use only): _____

1 - ORGANIZER INFORMATION **Electronic submission is preferred, but please print legibly if written form is submitted**

Date of Request: _____ Region Name: _____

Sanction Requester Email: _____ Sanction Requester Name: _____

Sanction Requester Member Number: _____

2 - EVENT INFORMATION

RallyCross
Solo
Time Trials

SCCA Pro Racing
Track Event
Hill Climb

Street Survival
RoadRally

Road Racing
Starting Line

Other: _____
(ex. Worker training, region meeting, Pro Support)

Event Name: _____

Event Date (s) (MM/DD/YYYY): _____

Site Name: _____

Site Location/Address: _____ City: _____ State: _____ Zip: _____

3 - CERTIFICATE OF INSURANCE (COI) INFORMATION

ADDITIONAL INSURED(S) (TO BE NAMED ON COI)

Name: _____ Email: _____

Event Relationship: _____

Name: _____ Email: _____

Event Relationship: _____

Include any specific Additional Insureds information below or attach separately

The region will be listed as the certificate holder. *Optional - If your venue requires to be listed as certificate holder please complete the following:*

Venue Legal Name: _____

Address: _____ Email: _____



List email addresses for individuals/Organizations needing a copy of the COI in the text box below

4 - EVENT CERTIFICATION

By checking this box the organizing SCCA Region agrees that in the event of a cancellation, written notice is required to sanction@scca.com no later than 14 days after the originally scheduled event date. If written notice is not received within this time, late charges will apply.

By checking this box, the organizing SCCA Region agrees the event Audit form must be completed and returned to sanction@scca.com (or address on page 2) within 14 days after the event or late fees will apply. Payment is due within 28 days after the event or late fees will apply. **TRSS Excluded.**



2019 SCCA STREET SURVIVAL SANCTION APPLICATION

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5 - STREET SURVIVAL EVENT DETAIL

School start time: _____

School end time: _____

Student capacity: _____

Size of course area (approx): _____

Please list below any important site specific information for all attendees should be aware of

6 - EVENT OFFICIALS

	Name	Member Number	Email
Event Chair	_____	_____	_____
Solo Safety Steward	_____	_____	_____
Chief of Waivers	_____	_____	_____

Please list shipping address for packet. Packages are shipped via UPS or FedEx, so please no P.O. Boxes

Name: _____

Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

7 - EVENT AGREEMENT

By checking this box the organizing SCCA Region agrees this event will be organized and conducted in accordance with the mandatory portions of the 2019 SCCA Solo Rules.

Event Chair Signature

Member Number

Date

Regional Executive (or Designee) Signature

Member Number

Date

Please send form to streetsurvival@scca.com and sanction@scca.com with the subject line of:
Region Name, Event Type, "Sanction Request"