

2020 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

ate of Request:		Re	Region Name:		
anction Requester Email:		Sanction Requester Name: Sanction Requester Member Number:			
2 - EVENT INFORMATION					
Solo	HillClimb	Road Racing	Starting	Line	
Track Event	Rally Cross	RoadRally	Street S	urvival	
Time Trials	SCCA Pro Racing	Other:	•		
Event Name:		(ex. worker Training, Regio	n Meeting/Banquet, Suppo	rt Sanction)	
· · · · · · · · · · · · · · · · · · ·	ultiple events at the same location on one sanc	tion application if all other sanction requir	ements, including prior appr	ovals, are met**	
Site Name:					
Site Location/Address:	Cit	y:S	tate: Zip:		
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3 - CERTIFICATE OF INSURANCE (COI) INFORMATION				
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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, minimum sanction and insurance fees may 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 & Non-Competition Events Excluded.



2020 SCCA STREET SURVIVAL SANCTION APPLICATION

Sanction requests must be submitted by an authorized Sanction Requester

5 - STREET SURVIVAL EVENT DETAIL

Electronic submission is preferred, but please print legibly if written form is submitted

School start time:	Schoo	l end time:	Student capa	ncity:
	Size of course area (appr	ox):		
Plea	ase list below any important site			re of
6 - EVENT OFFICIALS				
	Name	Member Numb	er	Email
Event Chair				
Solo Safety Steward				
Chief of Waivers				
Please	list shipping address for packet. I	Packages are shipped via U	JPS or FedEx, please no P.	O. Boxes
ame:		Phone Number		
ddress:	Cit	y:	State:	Zip:
7 - EVENT AGREEMENT				
By checking this box the portions of the 2020 SCC	organizing SCCA Region agrees the A Solo Rules.	nis event will be organized	l and conducted in accord	ance with the mandatory
Event Chair Signature		Mem	ber Number	Date
Event Chair Signature		Mem	ber Number	Date

Please send form to streetsurvival@scca.com and sanction@scca.com with the subject line of:

Region Name, Event Type, "Sanction Request"