



# 2010 SOLO SANCTION APPLICATION

SANCTION NUMBER: \_\_\_\_\_

(Office Use Only)

For Sanctioning purposes, Sanction Requests must be received 14 days prior to the event or a late fee will apply.

**LATE FEES FOR SANCTIONS RECEIVED UNDER 14 DAYS: 1ST- \$25 - 2nd & AFTER - \$50.00**

1. Region \_\_\_\_\_ Event Date(s) 2. \_\_\_\_\_

3. Location/Address of Event: \_\_\_\_\_

**4. PLEASE CHECK TYPE OF EVENT:**

- Non Spectator Solo
- Non Spectator Solo - advertised-Sanction application & Sample advertisement must be received by National office 21 days prior to the event. (Section 2.5)
- Kart Solo
- Jr.Driver Program-Application for these types of events follow the same format as required for non-spectator Solo events. (Appendix H-SR) AGES RUNNING: \*\*5-7 \_\_\_\_ \*\*8-11 \_\_\_\_ 12-15 \_\_\_\_  
\*\*MUST HAVE NATIONAL OFFICE APPROVAL TO RUN AGES 5-7/8-11
- Spectator Solo-include a copy of written approval from the Solo Safety committee for all Spectator events.
- Race Track Solo-Include a copy of written approval from the current Divisional Solo Safety Steward.
- Divisional Solo-Requires signature of the current Divisional Solo Steward.
- Solo Trials-Submit with application an event site approval request to the National Office.
- Other: \_\_\_\_\_

**5. Send Insurance Certificate & Audit form to: (Insurance Certificate will be emailed)**

NAME: \_\_\_\_\_ Member # \_\_\_\_\_

Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

**6. OTHER ORGANIZATIONS NEEDING INSURANCE CERTIFICATES:**

*(CERTIFICATE WILL BE EMAILED - \*IF A HARD COPY IS NEEDED, PLEASE FILL IN ADDRESS BELOW)*

NAME: \_\_\_\_\_ Event Relations: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\*ADDRESS: (address,city,state, zip) \_\_\_\_\_

**7. Please list any Additional Insureds you would like listed on the Insurance Certificate:**

NAME: \_\_\_\_\_ Event Relations: \_\_\_\_\_

NAME: \_\_\_\_\_ Event Relations: \_\_\_\_\_

NAME: \_\_\_\_\_ Event Relations: \_\_\_\_\_

**8. EVENT OFFICIALS (MUST BE CURRENT SCCA MEMBERS)**

Event Chair: \_\_\_\_\_ Member #: \_\_\_\_\_

ADDRESS: (address,city,state, zip) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_ Home Phone( ) \_\_\_\_\_ Email: \_\_\_\_\_

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

**8. EVENT OFFICIALS - CONTINUED**

**Solo Safety Steward** (Must be Current) \_\_\_\_\_ Member # \_\_\_\_\_

*\*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**

- AA - Airport (active)                       SM - Shopping Mall                       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: \_\_\_\_\_

Approx. Size of course area: \_\_\_\_\_ Course area surface (concrete, asphalt, etc.) \_\_\_\_\_

**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.**

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 \$4.50 per driver, insurance fee is \$5.50 per driver (**Minimum Insurance fee \$110/20 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.

\_\_\_\_\_  
Event Chair/Organizer Signature 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

12. For Divisional Solo events:

\_\_\_\_\_  
Divisional Solo Steward Signature Date

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



SCCA SOLO DEPARTMENT \*\* PO BOX 1833\*\*  
TOPEKA, KS 66601-1833  
800-770-2055/FAX: 785-861-1731