

2010 SCCA SOLO AUDIT FORM



SANCTION NUMBER: _____

Solo audit form must be completed & returned to the SCCA Solo Department with the appropriate sanction and insurance fees **NO LATER THAN 14 DAYS AFTER THE SOLO EVENT**.
An event is considered completed upon receipt of this audit form with payment.

REGION: _____ EVENT DATE: _____

EVENT LOCATION: _____ EVENT NAME: _____

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: _____

REGIONAL OR DIVISIONAL EVENT

SANCTION FEE: \$4.50 X _____ (Number Drivers Competing) = _____

INSURANCE FEE: \$5.50 x _____ (Number Drivers Competing) = \$110 or _____
INSURANCE AMOUNT MINIMUM \$110.00/20 DRIVERS - NO MAXIMUM INSURANCE AMOUNT

TOTAL AMOUNT DUE: _____

VISA/MASTERCARD/DISCOVER NUMBER: _____

EXP. DATE: _____

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 SOLO EVENT - OR LATE FEES APPLY

Sanction fee is \$4.50 per driver, insurance fee is \$5.50 per driver

(MINIMUM INSURANCE FEE DUE IS \$110.00/20 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.

On behalf of the _____, Region, SCCA, I hereby certify that the information on this Solo audit form is correct and that we understand the rules & penalties stated here.

Event Organizer Signature

Date

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



SCCA SOLO DEPARTMENT, PO BOX 1833 TOPEKA, KS 66601-1833

Phone: 800-770-2055 ~ FAX 785-861-1731