

SCCA RoadRally

Audit Form

Sanction # _____ (found on insurance certificate)

This RoadRally audit form must be completed and returned to the SCCA Rally Department with the appropriate sanction and insurance fees no later than 14 days after the event. An event is considered complete upon receipt of this audit form with payment.

1) Region _____ 2) Event Date _____
 3) Event Location _____ 4) Event Name _____
 5) Event Chair _____ 6) Number of Entries _____

7) 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 _____

8) Type of event

Regional RoadRally	\$ 4 per car sanction plus \$4 per car insurance (\$20 minimum insurance)
National RoadRally	\$10 per car sanction plus minimum \$100 \$4 per car insurance (\$20 minimum insurance)
Social RoadRally	\$20 per event flat fee
Charity RoadRally	\$70 flat fee (1 event per region per year) must send proof of charity
Multi Day Events	\$100 for each additional day over 3 days plus insurance.
USRRC	\$500 for three events plus per car insurance

AUDIT WORKSHEET

Number of Cars _____ X \$4 Regional Sanction = _____
 Minimum \$100 X \$10 National Sanction = _____
 X Multi Day = _____

Number of Cars _____ X \$4 Insurance = _____

(For National and Regional and GTA events you must pay a minimum of \$20 insurance plus sanction fee)

After 14 days Late Fee applies Late Fee \$25 _____
 After 30 days Late Fee applies Late Fee \$50 _____
 and further sanction applications
 may be denied

Total Audit Fee due = _____

VISA/MASTERCARD/DISCOVER:

EXP. DATE _____

For audits not paid within 14 days after the event the late audits are assessed a \$25 fee. If a region is in arrears on audit payments by more than 30 days, further sanction applications may not be approved and an additional \$25 dollar late fee will be charged.

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

Event Organizer Signature _____

Date _____

Daytime phone: _____

Email address: _____

Mail audits and payment to: SCCA Rally Department**PO Box 1833**Topeka, KS 66601-1833
 800-770-2055 ext 331 or email drowland@SCCA.com Fax 785-871-1731