



Sanction/Insurance Application

SANCTION NUMBER: _____ (Assigned by National Office on insurance certificate)

For sanctioning purposes the sanction/insurance form and the RallyCross safety plan must be submitted a minimum of 14 days prior to the event or a late fee will apply. No prepayment fee is needed.

Sanctions must be received 45 days prior to the event in order to appear in Sports Car Magazine and on the website

Late FEES for sanctions under 14 days: 1st- \$25 2nd - 50 3rd

1. Event Name: _____ 2. Event Date(s) _____

3. Region name and number: _____

4. Location/Address of Event: _____

EVENT OFFICIALS:

Chairman: _____ **SCCA Member #** _____

(Must be current adult SCCA member)

Phone _____
(Day) (Evening) (Cell)

Email _____ Fax _____

Primary Safety Steward: _____ **SCCA Member #** _____

(Must be current adult SCCA member with RallyCross Safety Steward License. May not serve as the course designer.)

2nd Safety Steward: _____ **SCCA Member #** _____

(Required if primary Safety Steward is competing in the event. Needs approval of RallyCross Safety Steward)

Tech Inspector: _____ **SCCA Member #** _____

Course Designer: _____ **SCCA Member #** _____

(May not be the primary Safety Steward)

SANCTION EXCEPTION REQUESTS (include reason): _____

INSURANCE CERTIFICATE REQUIREMENTS

Send Original Insurance Certificate to:

Name: _____ Email: _____

Name: _____ Email: _____

Additional Insured

Name: _____ Address: _____ Email: _____

Name: _____ Address: _____ Email: _____

Name: _____ Address: _____ Email: _____

Insurance certificates will be emailed unless you specifically request a hard copy.

EVENT SITE INFORMATION:

Type of facility (fairgrounds, parking lot, etc): _____

Approximate Size of course area: _____ Course Length: _____

AGREEMENT TO CONDITIONS:

In requesting a SCCA RallyCross Sanction, the organizer certifies that this event will be organized and conducted in accordance with the RallyCross Rules, Safety Plan and Event Supplemental Regulations.

This Sanction/Insurance form must be submitted to the SCCA Rally Department a minimum of 14 days prior to the event along with the completed Safety Plan.

One Charity event per year may be held for a flat fee of \$100. Proof of the charitable nature of the event must accompany the audit form along with payment. Please write on the sanction that it is for a Charity event.

The Divisional RallyCross Steward signature must be received before the event will be placed on the calendar.

The RallyCross Audit Form must be completed and returned to the SCCA Rally Department along with the appropriate sanction fee and insurance fee no later than 14 days after the event. Sanction fee is \$4.00 per entry after 10 cars (minimum \$40.00). Insurance fee is \$80.00 minimum (after 20 cars 4.00 per entry).

If a region is in arrears on audit payments by more than 14 days, further sanction applications may not be approved. Over 14 days audits are assessed a \$25 fee, over 30 days \$50 fee. Audits not paid within 30 days of the event may incur an additional fee for the region. In the event of a cancellation, written notice (email/fax) is required no later than 2 weeks after the originally scheduled event date. If written notice is not received within this time, the host region may be charged for the event

Signatures:

Event Organizer: _____ Date _____

Regional Executive (or RE Designee) _____ Date _____

Divisional RallyCross Steward _____ Date _____

MAIL TO:

SCCA Rally Department

P O Box 19400

Topeka, KS 66619

(785) 862-7160 or (800) 770-2055 ext. 360

FAX: 785.861.1760 E-MAIL: rallycross@scca.com

SCCA RallyCross®

Safety Plan

EVENT NAME _____ DATE _____

SCCA Sanction Number _____

SCCA Division _____ Sanctioning Region _____

EVENT OFFICIALS:		
Chairman: _____	Cell Phone: _____	
Safety Steward #1: _____	Cell Phone: _____	
Safety Steward #2: _____	Cell Phone: _____	
Landowner: _____	Cell Phone: _____	
Address of Event Location: _____		
Street address	City	State/Zip

Length of Course: _____ miles Description of Course:

Directions from major intersection: _____

EMERGENCY CONTACT INFORMATION		
<i>AGENCY</i>	<i>EMERGENCY PHONE NUMBER</i>	<i>CONTACT NAME (IF KNOWN)</i>
Police		
Sheriff		
State Highway Patrol		
Ambulance		
Fire/Rescue		

EMERGENCY RESPONSE PROCEDURES	
<i>WHO IS RESPONSIBLE FOR:</i>	<i>NAME/PHONE</i>
Decision making during incident response	
Notifying the authorities	
Primary Event Spokesperson	
Gathering Incident-related Information	

What will you do if there is a medical or competitor emergency? (please be specific)

SCCA Rally Department, PO Box 19400 Topeka, KS 66601-1940

E-mail: rally@scca.com Fax: 785-861-1760