



Office Use Only  
Date Rcvd \_\_\_\_\_

# 2009 Solo License and Rulebook Waiver Application

License acts as a rulebook waiver

Please complete the following:

FEE - \$20

Change of Address? Yes \_\_\_\_\_

Membership No: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

I, the undersigned, hereby make application to the SCCA, Inc. for the issuance of the above-indicated license. I hereby certify that the information given above is true and correct. I further certify that I am familiar with the SCCA rules and regulations governing the use of the above-indicated license and I agree to abide by those rules and regulations and all applicable SCCA policies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THE APPLICANT IS UNDER 18, PLEASE COMPLETE THE FOLLOWING:**

I, being the parent or legal guardian of the above named minor applicant, acknowledge that he/she is applying for a license to participate as a competitor/official in SCCA Solo events.

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Method:**  Check  Credit Card  Money Order

Visa/MasterCard (only) Acct# \_\_\_\_\_ Exp. \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

Applications submitted by fax must be accompanied by a Visa or MasterCard account number for payment.

MAIL COMPLETED APPLICATION TO: