

2007 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 45 days after the 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: \$3.75 X _____ (Number Drivers Competing) = _____

INSURANCE FEE: \$5.00 x _____ (Number Drivers Competing) = _____

INSURANCE AMOUNT MINIMUM \$100.00/20 DRIVERS - NO MAXIMUM INSURANCE AMOUNT

TOTAL AMOUNT DUE: _____

SOLO TRIALS

SANCTION FEE: \$1.75 x _____ (Number Drivers Competing) = _____

INSURANCE FEE: \$5.00 X _____ (Number Drivers Competing) = _____

INSURANCE AMOUNT MINIMUM \$100.00/20 DRIVERS - NO MAXIMUM INSURANCE AMOUNT

TOTAL AMOUNT DUE: _____

VISA/MASTERCARD NUMBER: _____ EXP. DATE: _____

If a region is in arrears on audit payments by more than 45 days, further sanction applications may not be approved. For audits not paid within 90 days of the event, the region will be invoiced for a fee determined by adding the number of drivers competing in your region in 2006, divided by the total number of events for the year, and then adding an additional 50% to that amount.

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 331-785-232-7656, ext 331-email: drowland@SCCA.com



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