

SCCA® RoadRallySM

Sanction Application / Master Insurance Request RoadRally Championship Event

Sanction # _____
(Office use only)

This form must be received by the SCCA Rally/Solo Department, P.O. Box 19400, Topeka, KS 66619-0400 **90** days prior to the event. Insurance fee must be received by the Risk Management Department with the **RoadRally** audit form **45** days after the event.

Type of Event:	NTR or NCR: \$175	DTR or DCR: \$25
	NTR/NCR Combined: \$175	
<input type="checkbox"/> NTR	<input type="checkbox"/> NCR	<input type="checkbox"/> DTR
<input type="checkbox"/> DCR	<input type="checkbox"/> NCR/NTR COMBINED (must be held the same day)	
Insurance Fee: \$3 per car (Minimum: 5 cars/ \$15 ~ Maximum: 25 cars/\$75) \$25 Late Fee if audit form is not received 45 days after the event		

1. Region _____ 2. Event Date(s) _____

3. Event Name (if applicable) _____

4. Starting/Ending Site _____
City State Zip

5. Cooperating Club(s) (if applicable) _____

6. Send Original Insurance Certificate and Audit Form to: _____

Address _____

Phone (w) _____ (h) _____ (Fax) _____

7. Number of Certificates required by #6 _____

8. Other organizations needing the Insurance Certificate:
Name Address Event Relation

9. Please list any Additional Insured you would like listed on the Insurance Certificate:

Name Address Event Relation

Note: *Please check box(es) if you want Certificates sent directly to the address listed above.

10. Estimated # of Controls _____ Estimated length (mi) _____

11. Types of controls in addition to open / observation control(s): DIYC's _____

OTHER (as follows) _____

12. Classes of competition in addition to E, L, S, and R _____

Please complete reverse side

20. EXCEPTIONS

Exceptions to RRR's and RFO's are explained in the attached draft of the GI's. The following is summary checklist:

- Redefined main road determinants (NCR only) _____
- Controls other than open controls and DIYC's _____
- Variations in timing and/or scoring procedures _____
- Different claims procedures _____

The sanction fee of \$175.00/\$25.00 is enclosed. A draft of the GI's is attached. This application is submitted by:

Signature	Print Name	Date
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I, the undersigned, confirm that I have or will have conducted a **RoadRally** Safety pre-check of this event.

RoadRally Safety Steward Signature (must hold a current license at time of pre-check)	Date
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21. REGIONAL APPROVAL

This sanction application has been approved by the organizing region. By such approval, the region acknowledges and accepts its responsibilities to the Sports Car Club of America, Inc., under current SCCA policies, rules and regulations.

Signature of Regional Officer	Title
Print Name	Region

Please forward completed form to:

SCCA Rally/Solo Department
P.O. Box 19400
Topeka, KS 66619-0400
(800) 770-2055 or (785) 357-7222
(785) 232-7215 FAX