



2021 SCCA TIME TRIALS/TRACK EVENT/ HILLCLIMB

This Audit form is to be completed for each Time Trials, Track Event, Time Attack (standalone) and HillClimb Event. The Audit form must be completed and returned to the SCCA Sanction Department no later than 14 days after the event or a \$50 late fee will be applied. Post-event audit numbers must match the Master Participation List. Payment is due within 28 days after the event or a \$50 late fee will be applied. If a region is in arrears on audit payments more than 28 days, further sanction applications may not be approved.

1. ORGANIZER INFORMATION:

Sanction #: _____ Region Name: _____

Event Date(s) (Month/Day/Year): _____ Event Location: _____

- **SUBMISSION DETAILS:** Email completed Audit form to sanction@scca.com, enter Audit online at my.scca.com or mail to SCCA Sanction, P.O. Box 1833, Topeka, KS 66601
- **NEW IN 2021:** Submit Event Report, Participant Evaluation, Results to timetrials@scca.com **Forms were provided in sanction packet and can be found at <https://timetrials.scca.com/>

2. EVENT INFORMATION:

Enter per unique driver entry per class per weekend. ****Post-event audit numbers MUST match actual event participation****

Fillable areas highlighted below: Enter number of unique drivers per Event Type.					
Event Type	# unique drivers	Sanction	Insurance	Volunteer	Total
Time Trials <i>combined</i> (TTRG)		\$7.50	\$11.50	\$0.00	
Time Attack <i>standalone</i> (TTTA)		\$7.50	\$11.50	\$0.00	
TrackSprint <i>standalone</i> (TTTS)		\$3.00	\$11.50	\$0.00	
Track Event (TERG)		\$3.00	\$11.50	\$0.00	
HillClimb (HC)		\$3.00	\$31.50	\$4.00	
Total Sanction, Insurance, and Volunteer Fees Due					

- WEEKEND MEMBERSHIPS

Forms submitted via online registration system

Paper forms enclosed with Audit or submitted to Member Services

3. PAYMENT INFORMATION:

Payment Type: _____ Credit Card (Visa, MasterCard, or Discover) _____ Check Enclosed _____ Invoice Region

Credit Card Type: _____ Credit Card #: _____

Exp. Date: _____ 3 digit code: _____ ***If Credit Card # is on file, please provide last 4 digits*

Cardholder's name (as it appears on card): _____ Signature: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Audit submitted by (print legibly): _____ Member #: _____