



# WESTERN STATES CORVETTE COUNCIL EVENT SANCTIONING REQUEST FORM

Date of Application \_\_\_\_\_

### **SANCTIONING CLUB / REPRESENTATIVE INFORMATION (Please PRINT clearly – FORM IS ALSO INTERACTIVE)**

|                       |                             |
|-----------------------|-----------------------------|
| Name of Club _____    | Club Rep. Name _____        |
| Email Address _____   | Rep. Telephone Number _____ |
| Mailing Address _____ |                             |
| City _____            | State _____ Zip _____       |

### **Event Date**

Date \_\_\_\_\_, 20\_\_\_\_\_

If the date above is not available, our alternate choices are:

1<sup>st</sup> \_\_\_\_\_, 20\_\_\_\_\_      2<sup>nd</sup> \_\_\_\_\_, 20\_\_\_\_\_

### **Event Type**

|  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> AUTOCROSS (INDICATE TYPE BELOW) | <input type="checkbox"/> RALLY        | <input type="checkbox"/> BANQUET  |
| <input type="checkbox"/> CAR SHOW                        | <input type="checkbox"/> DRIVING TOUR | <input type="checkbox"/> TRACK DAY EVENT (DOES NOT COVER ON TRACK ACTIVITY, TYPE V) |
| <input type="checkbox"/> PARK 'N SHOW                    | <input type="checkbox"/> CONVENTION   |   |
| <input type="checkbox"/> OTHER (Indicate Type) _____     |                                       |   |

Type of sanction request under WSCC guidelines:

Type I       Type II       Type III       Type IV       Type V

### **EVENT DETAILS**

The event name is \_\_\_\_\_

Exact location if event is \_\_\_\_\_

How many consecutive years, including this one, has this same named event been presented with WSCC sanctioning? \_\_\_\_\_

Run Groups?  Yes       No

Event Cost: Single \$ \_\_\_\_\_ Couple \$ \_\_\_\_\_ Non-WSCC Member \$ \_\_\_\_\_

Time of Event (Start time and end time) \_\_\_\_\_

Additional Insured Certificate Required?  Yes       No

Additional Insured Info: Name of Entity \_\_\_\_\_

Street Address \_\_\_\_\_

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

Signature of Club Representative \_\_\_\_\_ Date \_\_\_\_\_

Send electronically to [events@wscs.ws](mailto:events@wscs.ws). Mail a copy of this form with Sanctioning Fee (if applicable) to WSCC Attn: Events Director. For Type I and II events, sanction fee is \$50. Type V Events require no sanction fee, but insurance cost may apply, contact Events Director at: [events@wscs.ws](mailto:events@wscs.ws).

**Mail completed form and check made payable to WSCC Treasurer:**

**WSCC**  
**Attn; Events Director**  
**PO BOX 321445**  
**LOS GATOS, CA 95032**