

Summary:

This form must be read and signed by both parties to secure services provided by Running Zone Race Management, Inc. Please make a copy for your records.

Fixed Fee **\$2,750.00 ✓**

Variable Fee **\$2.50 per registrant ✓**

Total Pricing **\$2,750.00 plus \$2.50 per registrant**

Other Optional Services:

<input type="checkbox"/> Finish Line Video	\$ 150.00
<input type="checkbox"/> Second Structure	\$ 250.00
<input type="checkbox"/> Barricades for Chute	\$ 300.00
<input type="checkbox"/> Portable Stage	\$ 300.00
<input checked="" type="checkbox"/> Email Marketing per month	\$ 250.00
<input type="checkbox"/> Split Mats along Course	\$ 250.00
<input type="checkbox"/> RaceJoy App	\$ 150.00
<input type="checkbox"/> Course Certification	Request Pricing
<input type="checkbox"/> Additional Race Charge	Request Pricing

Total Cost **plus \$2.50 per registrant**

I, THE UNDERSIGNED, HAVE READ AND AGREE TO THE RACE MANAGEMENT SERVICES AGREEMENT TERMS AND CONDITIONS IDENTIFIED ABOVE.

Race Organizer:

Authorized Signature: Linda Roggenham Date: 5/26/26

Running Zone Officer:

Authorized Signature: _____ Date: _____

Additional Information Required:

Event Name: Chuck Wagon 5K

Event Date: March 6, 2021 Starting Time: 8 AM

Event Location: Chain of Lakes Park, Titusville

Virtual Race Option (circle one): YES NO

Event Address: 2300 Truman Scarborough Way, Titusville, FL 32796

Organization Hosting: Brittany's Wish

Billing Address: PO Box 238444, Cocoa, FL 32926

Race Director's Name: Linda Roggenkamp

Phone #: 321-302-6011 Cell Phone: _____

Email Address: Wagon 5K@gmail.com or linda@brittanyswish.org

If there is another party that will be assuming financial responsibility for the terms of this contract, please add the information below. This will be the contact information for the invoice.

Name: Brittany's Wish

Phone #: 321-302-6011 Cell Phone: _____

Email Address: linda@brittanys.org