

RIDE & TIE EVENT FINANCIAL SUMMARY

Attach insurance check and return with race results, membership applications and membership checks withintwo weeks following your event. Send to: Ride and Tie Association, PO Box 2436, Sequim, WA 98382

RACE NAME _____

RACE DIRECTOR _____

RACE DATE(S) _____ DISTANCE(S) _____

INSURANCE FEES

_____ X 10.00 PER TEAM = _____
(number of teams) (or \$150.00 whichever is less)

_____ X 20.00 PER ADDITIONAL INSURED = _____
(number of additional insured not including first copy which is free)

MEMBERSHIP FEES

All membership applications **MUST** have checks to Ride & Tie Association attached to them:

_____ X \$25 = \$ _____ total
of new or renewing members x Membership Fee

_____ X \$40 = \$ _____ total
of renewing or new family members x Membership Fee

Additional donations (attach contact information) = \$ _____ total \$

TOTAL MEMBERSHIP FEES

RACE DIRECTOR

ARE YOU PLANNING TO MANAGE THIS EVENT NEXT YEAR? _____

PREFERRED DATE(S) _____

WHAT SUGGESTIONS DO YOU HAVE FOR THE ASSOCIATION TO IMPROVE THE SANCTIONING PROCESS AND HOW MAY WE SERVE YOU BETTER IN THE FUTURE?