

Race Director Form

Lone Star Runners Club

EVENT: _____

DIRECTOR: _____
NAME

DATE: _____

RACE INFORMATION:

Location _____

Event Price(s) _____

Pre-Registered _____

Distances _____

Total Participants _____

INCOME:

Cash: _____

Checks: _____

Total Race Income: _____

Memberships: _____

Apparel: _____

EXPENSES:

| Date | Description | Awards | Shirts | Fuel | Food | Printing | Misc. | Total |
|----------|-------------|--------|--------|------|------|----------|-------|-------|
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| | | | | | | | | \$ - |
| Subtotal | | | | | | | | \$ - |

VOLUNTEERS: _____

NOTES: _____

| | |
|-----------------------|------|
| Subtotal | \$ - |
| Advances | |
| Total Expenses | \$ - |
| Total Income | \$ - |
| Race Profit | |