

Timing Services Information Sheet

If you're interested in having an event timed by Enid Running Club, please fill out the following and e-mail it to enidrunningclub@gmail.com. We will check our availability and send you a quote.

Name of event:			-11-10/04/19/19/19	
Date of event:				
Race start time:				
Contact:				
Email:				
Cell phone:				
Anticipated # of Runners Registration closes:				
Registration closes.				
Registration login/password:				
			A CONTRACTOR OF THE CONTRACTOR	
	20	Time (up	to ½ hr before start)_	
Race day registration:yes				
Division(s):5K10K	half r	marathon	full marathon	other
Type of race:out and back	loop			
Race start location:				
Race finish location:				
Gun start:	ves	no		
Chip start:		no		
34-04-05-05-05-05-05-05-05-05-05-05-05-05-05-			verbal	othor
Race start method:startir	ig pistol _	air norn	verbal	011161
Do you have an announcement syste	m.	yes	no	
Will you provide safety pins (2 per bil		yes	no	
	,			
Awards:yesno / D	escription			
Age divisions:				
Time of awards ceremony:				
Race result posting:				
(Can be posted to enidrunningclub.c	om if you do no	ot have a website	e.)	
Sponsors:				
To Be Filled in By ERC:				
10 Bo 1 mod m. by =				
Cost:				
Timing team #/ Setup time				
Timing team #/ Setup time				
Starting BIB number:				
	De.	ment Received		
Invoice Sent	Payi	Helit Veceived		