FAMILY EXPO & GOODIE BAG FORM

CITY OF LAGUNA HILLS MEMORIAL DAY HALF MARATHON, 5K, 10K & KIDS RUN

HONORING THE USMC DARK HORSE BATTALION
MEMORIAL DAY, MONDAY, MAY 29, 2017

☐ **Family Expo Booth** - 10' x 10' booth space, 1 table and 2 chairs **$350**
The expo offers you an opportunity for great marketing by offering one-on-one contact with your target market.

Will you be handing out food or beverage or selling food, beverage or items of any kind?
❑ Yes ❑ No
(Please note you will be required provide the appropriate documentation to management by 5/8/17.)

Products to be displayed, sampled or sold: _____
_____
_____

Do you require electrical? ❑ Yes ❑ No
(limited electrical access, RSVP required, otherwise not provided)
Load-in is Sunday 12:00 p.m. – 4:00 p.m. (optional) & Monday 4:30 a.m. – 6:30 a.m.
Reservation is required no later than 5/8/17.

☐ **Canopy Tent Rental** **$100**
(Canopies or tents are required for vendors. Please bring your own or arrange for a rental with us)

☐ **Virtual Goody Bag** **$200**
Directly link your content/message to your company website, online store, social media, etc. through a virtual goody bag that will be delivered to all race participants.
Sponsors will receive a detailed performance report including participant demographics (age, gender, etc.).

Deadline for Submission: 5/15/17

Bag will be delivered to approximately 4,000 participants 5/22/17 and will expire 6/19/17

Ad or offer to be inserted_____

☐ **Family Expo Booth & Goodie Bag Insert** **$500**
☐ **with Canopy tent** **$600**

SCHEDULE

VENDOR SET-UP:
Sunday 12:00 p.m. – 4:00 p.m. (optional)
& Monday 4:30 a.m. – 6:30 a.m.

FAMILY EXPO HOURS:
Monday 7:30 a.m. – 11:30 a.m.

COMPANY NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
E-MAIL: _____

☐ ENCLOSE IS MY CHECK FOR $_____

PLEASE MAKE CHECK PAYABLE TO THE CITY OF LAGUNA HILLS (TAX ID # 33-0490460)

AND MAIL PAYMENT TO:
RENEGADE RACING
22600-C LAMBERT STREET, SUITE 910
LAKE FOREST, CA 92630

PAYMENT BY CREDIT CARD

**for security purposes we destroy all credit card information after processing payments.*

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Credit Card Number — Only **MC** or **VISA** (please circle) — 3-Digit Code (back of card) _ _ _

_____
Signature

_____
Exp Date — Billing Zip Code

RENEGADE RACE SERIES