



**USATF CERTIFIED
FAMILY FUN RUN/WALK**

SPONSORSHIP FORM

PLEASE FILL OUT AND RETURN TO: SHANNON RICE
ACTION FOR DISTRACTION 5K
166 FAIRVIEW AVENUE
LONG VALLEY, NJ 07853

ORGANIZATION: _____
 CONTACT NAME: _____
 ADDRESS _____
 CITY, ST, ZIP _____
 PHONE _____ EMAIL: _____

PLEASE RESERVE THE FOLLOWING SPONSORSHIP:

- ___ NAMING SPONSOR..... \$7,500
- ___ DIAMOND..... \$5,000
- ___ FACE OF THE RACE..... \$3,000
- ___ PLATINUM..... \$2,500
- ___ NUTRITION/TRAINING..... \$1,500
- ___ GOLD..... \$1,000
- ___ SILVER..... \$ 500
- ___ AGE GROUP AWARD..... \$ 350
- ___ TRANSPORTATION..... \$ 350
- ___ AID STATION..... \$ 350
- ___ END OF RACE REFRESHMENTS..... \$ 350
- ___ MOTHER'S DAY FLOWERS..... \$ 350
- ___ ENTERTAINMENT..... \$ 350
- ___ BRONZE..... \$ 250
- ___ SUPPORTING..... \$ 249 -UNDER
- ___ (S)MILE..... \$ 50

___ I/WE WOULD LIKE TO PARTICIPATE AS A RUNNER OR TEAM. PLEASE EMAIL ME MY CODE FOR MY FREE RACE REGISTRATIONS, WHICH WILL ALSO SECURE ME A T-SHIRT, AS SOON AS REGISTRATION IS AVAILABLE!

___ I/WE ARE SPONSORING AT OR ABOVE THE SILVER LEVEL, AND ARE INTERESTED IN SETTING UP AN INFORMATIONAL BOOTH AT THE EVENT(S)

___ I/WE CANNOT ATTEND THE ACTION FOR DISTRACTION 5K THIS YEAR, BUT WE WOULD LIKE TO SUPPORT THE MORRISTOWN MEMORIAL HEALTH FOUNDATION AND THE ACTION FOR DISTRACTION 5K WITH MY/OUR TAX DEDUCTIBLE GIFT OF \$_____.

___ ENCLOSED IS MY CHECK FOR \$_____ MADE PAYABLE TO THE FOUNDATION FOR MORRISTOWN MEDICAL CENTER (F4MMC).

___ PLEASE CHARGE MY: MASTERCARD VISA IN THE AMOUNT OF \$_____

CREDIT CARD NUMBER: _____ SECURITY CODE: _____
 NAME (AS IT APPEARS ON CARD): _____
 EXP DATE: _____
 CARDHOLDER SIGNATURE: _____
 PHONE #: _____

