**2024 SIDS Awareness 5K**

***(in memory of Landen)***

**Sponsorship Form**

Run/walk will be held **Saturday, October 12, 2024**

The start & finish will be at **Mill Park Shelter House at 120 E. High Street, St. Marys, Ohio 45885**

Registration will open at 8 a.m. \* 5KRun/Walk to begin at 9 a.m.

**SPONSORSHIP OPPORTUNITIES**

* **Presenting Sponsor $2,500**
* Prominent Signage at the event
* 6 free entries to the event (submit your free entry information on the back of this form)
* Signage at the roundabout
* Name announced at the event
* Opportunity to give promotional materials in entry packets
* Recognition on the SIDS Awareness 5K Facebook Event
* **Corporate Sponsor $1,000**
* Mile Marker Sponsorship
* 4 free entries to the event (submit your free entry information on the back of this form)
* Name announced at the event
* Recognition on the SIDS Awareness 5K Facebook Event
* **Supporting Sponsor $500**
* 2 free entries to the event (submit your free entry information on the back of this form)
* Recognition on the SIDS Awareness 5K Facebook Event
* Name announced at the event
* Sign on course
* **Friend Sponsor $100**
* 1 free entry to the event (submit your free entry information on the back of this form)
* Name announced at the event

**TIMED AWARDS-** Timed awards will be provided for the overall best time for male and female and top performers in male and female categories. Everyone in attendance will be eligible for raffle prizes at the SIDS Awareness 5K.

2024 SIDS Awareness 5K Sponsorship



Please return this Sponsorship form by **Friday, September 27, 2024** to:

*JTD Hospital Foundation, 200 St. Clair, St. Marys, Ohio 45885*

**Sponsorship Level:** Presenting\_\_\_ Corporate\_\_\_ Supporting \_\_\_ Friend \_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sponsorship Runners/Walkers:** (*Number of free* *entries based on sponsorship level)*

***Please circle*** *to indicate either* ***“Runner or Walker****” and* ***“Male or Female”*)**

#1 Runner/Walker\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female\_\_\_\_\_ Shirt Size \_\_\_\_\_

#2 Runner/Walker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female \_\_\_\_ Shirt Size \_\_\_\_\_

#3 Runner/Walker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female \_\_\_\_ Shirt Size \_\_\_\_\_

#4 Runner/Walker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female \_\_\_\_ Shirt Size \_\_\_\_\_

#5 Runner/Walker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female \_\_\_\_ Shirt Size \_\_\_\_\_

#6 Runner/Walker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_ Male/Female \_\_\_\_ Shirt Size \_\_\_\_\_

My **Check** is enclosed \_\_\_\_\_ or **Credit Card** Type: MC\_\_\_ VISA\_\_\_ AMEX \_\_\_ Disc\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_ Security Code: \_\_\_\_\_

Qr code

Description automatically generatedName on Credit Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Venmo:** @JTD-HospitalFoundation

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby release and discharge the Grand Lake Health System, JTD Hospital Foundation, USA Race Timing, Event Sponsors and their representatives or agents, from any liability for injuries or illness which may be directly or indirectly result from the participation in this event. I attest that I am physically fit and have sufficiently trained for this race.

**Signature**: **Date**:

***Thank You for Your Generous Support!***

For more information regarding registration or questions about the SIDS Awareness 5K, please call the

JTD Hospital Foundation office at 419-394-3387, ext.3567