



## SPONSORSHIPS AND REGISTRATIONS

SATURDAY, MAY 13, 2023

### ▶ SPONSORSHIPS

#### FEATURING

#### **"Field of Gratitude"**

Signs displayed on St. Vincent's campus to thank hospital staff and community

- PARTICIPANT \$35** # of participants \_\_\_\_\_ x \$35 = \$\_\_\_\_\_ (includes race t-shirt)
- SPONSOR A PARTICIPANT** # \_\_\_\_\_ X \$35= \$\_\_\_\_\_
- SIGN \$150**  renew  create new personalized sign. Send copy to [stvdevelopment@svwsjmc.org](mailto:stvdevelopment@svwsjmc.org)
- "FIELD OF GRATITUDE" SIGN \$50** pre-printed message \_\_\_\_ x \$50 = \$\_\_\_\_\_
  - Select :  Thank you  Believe  Hope  Strength
- LEADING SPONSOR \$10,000** Leading website/t-shirt recognition, one (1) sign, ten (10) participants
- EVENT SPONSOR \$5,000** Prominent website/t-shirt recognition, one(1) sign, five (5) participants
- TITLE SPONSOR \$2,500** High website/t-shirt recognition, one (1) sign, four (4) participants
- GOLD SPONSOR \$1,000** Website/t-shirt recognition, one (1) sign, three (3) participants
- SILVER \$500** Website/t-shirt recognition, one (1) sign, two (2) participants
- BRONZE \$250** Website recognition, one (1) sign, one (1) participant
- ADDITIONAL DONATION** Amount \$\_\_\_\_\_

**Team Name (if applicable):** \_\_\_\_\_ **Due dates: Name on t-shirt: April 21<sup>st</sup> / Course sign: April 28<sup>th</sup>**

Name to appear on website listing/t-shirt (if applicable): \_\_\_\_\_

### ▶ NAME/ORGANIZATION

Name/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ▶ PAYMENT

Check made payable to: **St. Vincent's Hospital-St. Joseph's Health Fund**

Please charge my credit card (circle one):      VISA                      MC                      AMEX

Name on card: \_\_\_\_\_ Card #: \_\_\_\_\_

Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### **IMPORTANT: WAIVER SIGNATURE IS REQUIRED TO PARTICIPATE (Parent must sign if participant is under 18).**

I know that participating in the Run/Walk event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release St. Vincent's Hospital Westchester, Saint Joseph's Medical Center, the Town of Harrison and the Village of Harrison, the Westchester Country Club, race officials, volunteers and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose without remuneration. I understand this waiver applies to all registrants above.

**Signature (Parent must sign if participant under 18)**

X \_\_\_\_\_