



# 5K RUN/WALK 5th Annual



## TYPES OF SPONSORSHIPS:

### CORPORATE- \$2,500

- Logo at top of t-shirts
- Logo on race numbers
- Large Banner at finish line
  - Sign on race route
  - 10 registrations
- Logo on runner's bags
- Unlimited inserts in bags



### PLATINUM- \$1,000

- Logo on t-shirts
- Large banner at finish line
- Sign on race route
  - 5 registrations
  - 2 inserts in bags



### GOLD- \$750

- Logo on t-shirts
- Banner at event
- Sign on race route
  - 2 registrations
  - 1 insert in bags



### SILVER- \$500

- Logo on t-shirts
- Sign on race route
  - 2 registrations
  - 1 insert per bag



### BRONZE- \$250

- Sign on race route
  - 2 registrations
  - 1 insert per bag

### FRIEND- \$100

- Sign on race route

## S.T.O.P. SPONSORSHIP FORM

Sponsorship Level: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name (as it appears on t-shirt) \_\_\_\_\_

\$ \_\_\_\_\_ Donation (Recognition at event is not necessary)  
 Send check payable to "SOBRIETY TODAY OUR PURPOSE" with completed form to:  
**STOP, 33079 Garfield #152, Fraser, MI 48026**

## S.T.O.P. REGISTRATION FORM

Registration fees: Early registration: \$20 (Before September 1st) ♂ Adults: \$25; day of race: \$30  
 Students/Children: \$15; day of race: \$20 ♂ (10 and under free)

T-Shirt: Youth  M  L Adult  S  M  L  XL  XXL  
 (T-shirts guaranteed for the participants registered prior to September 22, 2017)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender (circle one): Male Female Email: \_\_\_\_\_

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

Team Name (if applicable): \_\_\_\_\_

**WAIVER:** In consideration of acceptance of entry, I, for myself, my executors, administrators and attendees do hereby release and discharge Sobriety Today Our Purpose, all sponsors, organizations, supporters and spectators for all claims, damages, actions, whatsoever in any manner arising from my participation in said event. I attest and verify that I have full knowledge of the risks involved in this event. I am physically fit and have my personal physician's approval to participate. Further, I hereby grant permission to any and all of the foregoing to use my photograph, videotape, motion picture or record of my participation in this event.

X \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature of participant or parent/guardian if under 18 years of age