

2019 PINKOUT™ 5K Sponsorship Form

Business Name (for recognition) _____

Address _____

Phone _____

Contact at business _____

Email of contact _____ Phone _____

AdventHealth Waterman team member contact _____

Please check which of the following categories you would like to participate in:		
<input type="checkbox"/>	\$5,000	Presenting Sponsor: Includes name and logo on 5k t-shirt, print and social media advertisements, advertising materials in swag bags, vendor table.
<input type="checkbox"/>	\$2,500	Participant Awards Sponsor: Includes name and logo on participant award lanyard, social media advertisements, advertising materials in swag bags, vendor table.
<input type="checkbox"/>	\$1,500	Registration Sponsor: Includes recognition at pre-registration and registration, social media advertisements, advertising materials in swag bags, vendor table.
<input type="checkbox"/>	\$1,000	Zumba Sponsor: Will lead pre-race Zumba, includes logo on event materials, advertising materials and in swag bags.
<input type="checkbox"/>	\$750	Finish Line Sponsor: Includes name and logo at finish line, logo on event materials, advertising materials and in swag bags.
<input type="checkbox"/>	\$500	Water Table Sponsor: Includes name and logo on water table, advertising in swag bags.
<input type="checkbox"/>	\$500	Snack Sponsor: Includes name and logo on snack table, advertising in swag bags.
<input type="checkbox"/>	\$200	Two-Event Vendor Table: Includes table at Ladies Legacy Luncheon and 5K, table and chair provided.
<input type="checkbox"/>	\$100	Vendor Table: Includes table at 5K only, table and chair provided, tablecloths not included (\$25 discount if you bring your own table and chairs).

Make check payable to **AdventHealth Waterman Foundation**. Give directly to the team member who told you about this event or mail to:

AdventHealth Waterman Foundation
1500 Waterman Way
Tavares, FL 32778

Donation and logo artwork by September 26, 2019 to be included on all event advertisements. We thank you for your support. Your donation to the Cancer Care Fund through AdventHealth Waterman Foundation will increase breast health awareness, encourage regular screenings and provide financial support to those who cannot afford an annual mammogram. If you have any questions, please call Joan Ordazzo, Special Events Coordinator, at 352-253-3270 or email Joan.Ordazzo@adventhealth.com.

WRITE TO US IF YOU WISH TO HAVE YOUR NAME REMOVED FROM THE LIST TO RECEIVE FUTURE FUND-RAISING REQUESTS TO SUPPORT ADVENTHEALTH WATERMAN FOUNDATION. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. THE REGISTRATION NUMBER FOR THE ADVENTHEALTH WATERMAN FOUNDATION, INC. IS CH2225. 100% OF CONTRIBUTIONS SOLICITED BY THE ADVENTHEALTH WATERMAN FOUNDATION BENEFIT ADVENTHEALTH WATERMAN AND THE ADVENTHEALTH WATERMAN FOUNDATION, INC.

AdventHealth complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número siguiente 877-746-4674.
 ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele nimewo ki anba an 877-746-4674.

