BRAZILNATION

BRAZILNATION ACADEMY CORPORATION

BRAZILNATION #RUN 5K | ATLANTA 2026

VIP GUEST INTAKE FORM

1st Brazilian Independence Day Celebration

September 5, 2026 | 8:00 AM
BrazilNation Academy | Fields
3200 Atlanta Industrial Pkwy NW
Atlanta, GA 30331

Thank you for your interest in joining the **BrazilNation #Run 5K | Atlanta 2026 VIP Experience**.

This form is intended for invited guests, athletes, community leaders, government representatives, business executives, sponsors, media professionals, sports industry professionals, and strategic partners.

Completion of this form does not automatically guarantee VIP admission. All VIP registrations are subject to review, approval, availability, and event capacity.

PERSONAL INFORMATION

Full Name:

Preferred Name for Badge:

Pronouns:

Date of Birth:

Email Address:

Phone Number:

City:

State:

Country:

PROFESSIONAL INFORMATION

Organization, Company, Team, Agency, or Institution:

Professional Title or Position:

Industry or Area of Expertise:

☐ Sports
☐ Health and Wellness
☐ Business
☐ Government
☐ Education
☐ Real Estate
☐ Media and Communications
☐ Entertainment
☐ Nonprofit and Community Development
☐ Military or Public Safety
☐ Other: _____

Professional Website or LinkedIn Profile:

Instagram / Social Media Handle:

Facebook / Social Media Handle:

LinkedIn / Name Handle:

Other social media/ Social Media Handle:

VIP GUEST CATEGORY

Please select the category that best represents you:

☐ Professional Athlete
☐ Olympian or Paralympian
☐ Former Professional Athlete
☐ Coach or Sports Executive
☐ NFL, NBA, MLS, MLB, FIFA, USATF, or Other Sports Representative
☐ Government or Civic Leader
☐ Diplomatic or International Representative
☐ Sponsor or Corporate Partner
☐ Business Owner or Executive
☐ Community Leader
☐ Nonprofit Representative
☐ Media, Press, Influencer, or Content Creator
☐ Health, Wellness, or Medical Professional
☐ Special Invited Guest
☐ Other: _____

VIP EXPERIENCE

Which VIP experience are you interested in?

☐ Silver VIP
☐ Gold VIP | Premium RSVP
☐ Sports Talk Guest
☐ Sports Talk Panelist
☐ Sponsor or Strategic Partner
☐ Media or Press Access
☐ Athlete Appearance
☐ Community Partner
☐ Government or Diplomatic Guest
☐ General VIP Guest

Will you participate in the 5K?

☐ Yes, I will run 5k
☐ Yes, I will walk 1k
☐ No, I will attend as a VIP guest
☐ Not sure yet

Estimated Arrival Time:

_____

Will you bring a guest?

☐ No
☐ Yes

Guest's Full Name:

_____

Guest's Email Address:

_____

Please note that additional guests must be approved in advance and may require a separate ticket or registration.

SPORTS TALK AND NETWORKING (TBD)

Are you interested in participating in the Sports Talk panel?

☐ Yes, as a panelist
☐ Yes, as a moderator
☐ Yes, as an audience member
☐ No

Please list your preferred discussion topics or areas of expertise:

_____
_____
_____

Are you interested in networking with any of the following groups?

☐ Professional athletes
☐ Olympic and Paralympic athletes
☐ Coaches and sports executives
☐ Sponsors and corporate partners
☐ Government and civic leaders
☐ Business owners and investors
☐ Health and wellness professionals
☐ Nonprofit and community leaders
☐ Media and entertainment professionals
☐ International organizations

SUPPORT AND PARTNERSHIP INTEREST

How would you like to support BrazilNation Academy?

☐ Become a VIP Member
☐ Become a Legacy Builder
☐ Make a donation
☐ Sponsor the event
☐ Sponsor a youth athlete
☐ Support an Olympic athlete
☐ Provide products or services
☐ Become a community partner
☐ Volunteer
☐ Host or support a future event
☐ Join a BrazilNation Academy program
☐ Discuss a strategic partnership
☐ Other: _____

Please briefly describe your interest in supporting the event or BrazilNation Academy:

_____

_____

_____

ACCESSIBILITY, WELLNESS, AND HOSPITALITY

Do you have any accessibility needs or accommodation requests?

☐ No
☐ Yes

Please describe:

_____

_____

Do you have any food allergies or dietary restrictions?

☐ No
☐ Vegetarian
☐ Vegan
☐ Gluten-Free
☐ Dairy-Free
☐ Nut Allergy
☐ Other: _____

Emergency Contact Name:

_____

Emergency Contact Phone Number:

_____

_____

MEDIA AND PUBLICITY

May BrazilNation Academy include your name, professional title, organization, or approved biography in event materials?

☐ Yes
☐ No
☐ Please contact me first

May BrazilNation Academy tag you or your organization on social media?

☐ Yes
☐ No
☐ Please contact me first

Would you be available for interviews, photographs, or promotional content?

☐ Yes
☐ No
☐ Possibly, with advance approval

Please upload a professional headshot:
Upload File: _____

Please upload your logo — Optional:
Upload File: _____

Short Professional Biography:

_____
_____
_____
_____

EVENT POLICIES AND ACKNOWLEDGMENT

By submitting this form, I understand and agree that:

- Submission does not guarantee VIP approval, complimentary admission, speaking participation, or access to restricted areas.
- VIP access is subject to confirmation, capacity, security requirements, and event policies.
- Guests may be required to present identification at check-in.
- Additional guests must be approved in advance.
- Event credentials are nontransferable unless approved by BrazilNation Academy.
- I will conduct myself professionally and respectfully during the event.
- BrazilNation Academy reserves the right to modify event schedules, programming, speakers, benefits, and access areas.
- Photography and video recording may take place during the event.

I have read and agree to the event policies above.

☐ I Agree

PHOTO AND VIDEO RELEASE

I authorize BrazilNation Academy Corporation, its authorized partners, representatives, media team, and event organizers to photograph, record, and film me during the event and to use approved images or recordings for event promotion, community impact reporting, websites, social media, press, fundraising, and future BrazilNation Academy communications.

☐ I Agree
☐ I Do Not Agree
☐ Please Contact Me Before Use

FINAL INFORMATION

How did you hear about this event?

☐ Personal Invitation
☐ BrazilNation Academy
☐ Social Media
☐ Community Partner
☐ Sponsor
☐ Government or Civic Organization
☐ Athlete or Sports Organization
☐ Friend or Colleague
☐ Media
☐ Other: _____

Invited or Referred By:

_____

Additional Comments or Requests:

_____
_____
_____
_____

SIGNATURE

Full Name:

_____

Signature:

_____

Date:

_____
_____

SUBMIT YOUR VIP REQUEST

After submitting this form, approved guests will receive a VIP confirmation email with check-in instructions, access details, event schedule, attire recommendations, parking information, and any applicable ticket or donation requirements.

Atlanta, 2026

BrazilNation Academy Corporation

Nation that cheers together, wins together.
Nação que torce junto vence junto.

BrazilNation #R.U.N

Together We Rise!
Juntos Nos Levantamos.

Contact

brazilnation.run@gmail.com
brazilnationacademy.management@gmail.com
(470) 641-4180