

Exceptional Care for Children presents:

4TH ANNUAL

SHELDON SHUFFLE 5K

SATURDAY, SEPTEMBER 9TH, 2017



@THE GREENE TURTLE
NEWARK, DELAWARE

REGISTER NOW!
TINY.CC/ECC5K

For more info, visit
exceptionalcare.org

Exceptional Care for Children's 4TH ANNUAL

SHELDON SHUFFLE 5K

SPONSORSHIP OPPORTUNITIES

PRESENTING SPONSOR - \$2,500

Listed as Presenting Sponsor on all 5K materials, Logo Recognition on 5K T-Shirts & Race Website Booth Space/ Optional banner at Start/Finish Line, Opportunity to speak at start of 5K, Recognition in E-blasts & on Social Media, Complimentary Registration for 6 People

SPRINT SPONSOR - \$1,000

Verbal Recognition at 5K, Logo Recognition on 5K T-Shirts & Race Website, Booth Space at the 5K, Recognition in E-blasts & on Social Media, Complimentary Registration for 4 People

JOG SPONSOR - \$500

Verbal Recognition at 5K, Logo Recognition on 5K T-Shirts & Race Website, Recognition in E-blasts & on Social Media, Complimentary Registration for 2 People

STROLL SPONSOR - \$250

Logo Recognition on 5K T-Shirts & Race Website, Recognition in E-blasts & on Social Media

EVENT CONTRIBUTOR*

Logo Recognition on Website *Constitutes a in-kind gift card award donation, or food/water for event

Company/Organization: _____ Phone: _____
Contact Person: _____ Email: _____

Please indicate a sponsorship level:

☐ Presenting \$2,500 ☐ Sprint \$1,000 ☐ Jog \$500 ☐ Stroll \$250 ☐ Event Contributor

METHOD OF PAYMENT

☐ Check (please make payable to Exceptional Care for Children)
A check in the amount of \$ _____ is enclosed.

☐ Please charge my credit card in the amount of \$ _____
☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DISCOVER

Card Number: _____ Expiration: ____ / ____

Card Holder Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____