

20th Annual "Victory for Victims" Walk/Run

10K Walk/Run | 5K Walk/Run | 1-Mile Friendly Dog Walk | Kids Fun Run
 8:00AM 8:15AM 8:30AM 9:00AM

Saturday, April 23, 2022 at Hansen Dam, Lake View Terrace, CA
 Benefiting the Center for Assault Treatment Services (C-A-T-S)

— SPONSORSHIP & UNDERWRITING OPPORTUNITIES —

EXCLUSIVE SPONSORSHIP OPPORTUNITIES

Exclusive Sponsors receive logo recognition on all electronic and printed materials* (social media, website, flyers, electronic banners) and name on Northridge Hospital Foundation's "Gallery of Honor" wall.

PRESENTING SPONSOR **\$25,000**

- Recognition on all event materials
- Logo on center top back of custom souvenir t-shirts
- 30 complimentary walk/run participants

FINISHING MEDAL SPONSOR **\$15,000**

- Exclusive name or logo on all finish medal lanyards
- 20 complimentary walk/run participants

T-SHIRT SPONSOR **\$12,000**

- Exclusive name or logo printed on the front of souvenir t-shirts
- 15 complimentary walk/run participants

FRIENDLY DOG WALK SPONSOR **\$10,000**

- Logo on back of souvenir t-shirts
- 10 complimentary walk/run participants

KIDS FUN RUN SPONSOR **\$7,500**

- Logo on the back of souvenir t-shirts
- 8 complimentary walk/run participants

UNDERWRITING OPPORTUNITIES

Underwriting Sponsors receive signage appropriate to the sponsorship selected below and logo recognition on all electronic and printed materials.

TIMING SPONSOR\$3,000

FRUIT BAR SPONSOR\$2,500

BIB SPONSOR\$2,000

PHOTO BOOTH SPONSOR\$1,500

MASSAGE SPONSOR\$1,000

WATER STATION SPONSOR\$500

MILE MARKER SPONSOR\$250

INDIVIDUAL PARTICIATION

WALK / RUN PARTICIPANT\$40

10K Begins at 8:00AM 5K Begins at 8:15AM

Male Female Other (self-identify) _____

T-Shirt Size _____

1-Mile Friendly Dog Walk\$20
 Begins at 8:30AM

KIDS FUN RUN\$20
 Begins at 9:00AM (age 9 and under)

T-Shirt Size _____

Please make checks payable to:
 Northridge Hospital Foundation/C-A-T-S
 Federal Tax ID #23-7444901
 TO PAY BY CREDIT CARD, PLEASE CONTACT 818.885.5341 ext.3
 For secure Credit Card Transmission OR Visit us online at
supportnorthridge.org/v4v2022

*All logos are to be submitted in an EPS, AI, CDR or PDF (vector based) format for proper recognition before **March 30, 2022** (for printed materials).

Business Name: _____
(As you wish it to appear on event publicity)

Contact Name: _____

Address: _____

City: _____ St. _____ Zip: _____

Phone: _____ Email: _____

Mail to:
 Northridge Hospital Foundation/C-A-T-S **Date** _____
 18300 Roscoe Blvd.
 Northridge, CA 91328 **Phone:** 818.885.5341 ext. 3
Email: Jenny.Zeltser@CommonSpirit.org **Fax:** 818.349.1546

For more information about this event visit us online at
supportnorthridge.org/v4v2022



Dignity Health.

Northridge Hospital Medical Center
 Center for Assault Treatment Services

STANDARD WAIVER:

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature of Participant or Guardian if under 18 **Date**