

WALK~RUN~RECOVER~

9TH ANNUAL 5K FAMILY WALK/RUN

SUNDAY, SEPTEMBER 14, 2025

INDIAN ISLAND COUNTY PARK, RIVERHEAD

8:15 AM TO 8:45 AM - CHECK-IN

8:40 AM - KIDS 1/2 MILE FUN RUN

9 AM - WALK/RUN START TIME

Join the 9th Annual 5K Walk/Run to benefit Behavioral Health Inpatient and Outpatient programs at Stony Brook Eastern Long Island Hospital! Your participation supports efforts to provide comprehensive care for individuals seeking treatment for behavioral health and substance use disorders. Together, we can make a difference in the lives of those in need of support and healing.



SCAN TO REGISTER TODAY

For more information please call (631) 477-5164.

Visit elihfoundation.org/event/annual-5k-family-walk-run/

**AWARDS
CEREMONY**

SPONSORSHIP OPPORTUNITIES

All sponsors will receive company name/logo on event web page and on back of event t-shirts.

GREEN RIBBON SPONSOR \$5,000

- Company name and logo prominently listed in all promotional materials
- Company name and logo prominently listed on the front of event t-shirts
- Complimentary team participation for all company employees

CROSS COUNTRY SPONSOR \$2,500

- Company name and logo listed in all promotional materials
- Complimentary team participation for up to twenty (20) company employees

LONG DISTANCE SPONSOR \$1,500

- Complimentary team participation for up to ten (10) company employees

HALF MARATHON SPONSOR \$1,000

- Complimentary team participation for up to eight (8) company employees

RACE WALKER SPONSOR \$550

- Complimentary team participation for up to six (6) company employees

POWER WALKER SPONSOR \$300

- Complimentary team participation for up to four (4) company employees

INDIVIDUAL REGISTRATION BEFORE SEPTEMBER 3, 2025

Adults (Ages 13+) \$30 :: Kids (Ages 6-12) \$10

Includes t-shirt and race day refreshments

SPONSORSHIP OPPORTUNITIES

☐ Green Ribbon \$5,000 ☐ Cross Country \$2,500 ☐ Long Distance \$1,500 ☐ Half Marathon \$1,000 ☐ Race Walker \$550 ☐ Power Walker \$300

WALKER/RUNNER REGISTRATION

☐ # _____ Adults (Ages 13+) x \$30 = \$ _____ ☐ # _____ Kids (Ages 6-12) x \$10 = \$ _____

☐ I cannot attend but wish to make a contribution in the amount of \$ _____

Name: _____ Company/Title: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I would like to pay by (check one): ☐ Cash ☐ Credit/Debit Card ☐ Check (made payable to **ELIH Foundation - Walk/Run**)

Credit Card (check one): ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Name on Card: _____

Credit Card # _____ Expires: _____ CVV: _____

Billing Address: _____

Cardholder's Signature: _____

Please send completed form with check made payable to **ELIH Foundation - Walk/Run** and mail to
ELIH Foundation Office, 201 Manor Place, Greenport, NY 11944 or email to linda.sweeney2@stonybrookmedicine.edu
Eastern Long Island Hospital Foundation is a 501C(3) corporation. Federal Tax ID # 20-3851050