

Superhero Race & Wellness Walk Response Form

2015 CORPORATE PARTNERSHIP FORM

The Superhero Race & Wellness Walk is superhero themed USATF Sanctioned 5k run and wellness walk (1.8 miles or the full 3.1. miles) that celebrates the hero within each of us by supporting programs who serve children living with mental health challenges, and/or have suffered abuse and neglect. All proceeds benefit programs at Compeer Greater Buffalo and the Mental Health Association of Erie County.

COMPANY INFORMATION

Company Name: _____
Contact: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: _____
Email: _____

RACE DAY CONTACT INFORMATION

Team Captain: _____
Team Name: _____
Email: _____
Cell Phone: _____

OFFICIAL RACE STAFF ONLY

Contract Date: _____ Payment Date: _____
Vendor Type: _____

PARTNERSHIP LEVELS / SPACE REQUIREMENTS & PRICING

Sponsorship Level Support:

_____ Premiere Title Sponsor - \$10,000
_____ Friendship (Marquee) Sponsor - \$5,000
_____ Empowerment (Platinum) Sponsor - \$3,000
_____ Unity (Gold) Sponsor - \$2,000
_____ Insight (Silver) Sponsor - \$1,500
_____ Hero (Bronze) Sponsor - \$1,000
_____ Awareness Sponsor - \$500 - \$999
_____ Exhibitor - \$250

Artwork or product for Race Guide, bags or coupons must be received by May 15th to be included. All vendor booths are a 10' x 10' space with one (1) 8' table and two (2) chairs.

Team Support:

_____ please contact us for a team & volunteer presentation.
_____ please contact me about matching gifts for the following participant(s): _____

_____ Cash Team Donation: Amount Enclosed \$ _____

_____ Complimentary Team Registration Fees: company will pay cost of the participants registration to our team members at the flat rate of \$20 per runner/walker and invoiced to the company after event.

Expected # of team members: _____ Registration capacity: _____

_____ In addition to sponsorship _____ only paying team fees

Underwriting and In-Kind Support:

_____ please contact me about these unique opportunities!

_____ Donation of \$ _____ to help with underwriting the event costs.

_____ An in-kind donation of the following items valued at \$ _____.
Items or Product: _____

EXHIBITOR TYPE & POLICIES

_____ Merchandise/Food Vendor: \$250 cash value
_____ Giveaway Vendor: \$250 in-kind product to be raffled off at event.
_____ Sponsor Vendor: Complimentary, part of sponsorship package

Exhibitors & vehicles must be set up no later than 5pm on Friday, June 27th on Race day or evening before. Exhibitors may begin to break down their space no earlier than 8pm.

Special Requests:

Pricing at the discretion of event organizers.

_____ Electricity (limited wattage)
_____ Bringing Company Tent Size: _____
_____ Additional Space Required Size: _____
_____ Other Request: _____

Notification of change in exhibitor space or special requirements must be given two weeks before the event. The event will try to accommodate last minute requests but cannot guarantee.

PAYMENT

All applications must be received by June 9th and payments received by race day. Send check, money order or credit card to Road to Recovery Run & Wellness Walk to the address below.

Payment Type: _____ Visa _____ MC _____ AMEX _____ Check _____ Please invoice

CC#: _____ Expiration Date: _____ Amount Charged: \$ _____

Name on Card: _____ Signature: _____

Return completed form to:

Superhero Race & Wellness Walk, 135 Delaware Ave. Suite 210, Buffalo, NY 14202 | e: angie@compeerbuffalo.org | f: (716) 883-3395
More information: Angie Walker | www.buffalosuperherorace.com | p: (716) 881-3331