

**10<sup>th</sup> Annual Harvest 5K Run and Walk**  
**October 13, 2018**  
**Wompatuck State Park**  
**Hingham, MA**



***8am Registration Begins/9am Race Starts/Awards Immediately Following***  
*South Shore Charter Educational Foundation Event Sponsor/Donation Form*

**PLATINUM SPONSOR \$1,000**

- Logo on all pre-race marketing materials
- Logo on the event website with a hyperlink to your web page
- Mile marker sign on the race course
- Premier logo on the event race shirt
- Company material/flier in race bag if delivered by September 30
- Four race entries

**GOLD SPONSOR \$500**

- Logo on the event website with a hyperlink to your web page
- Mile marker sign on the race course
- Logo on the event race shirt
- Company material/flier in race bag if delivered by September 30
- Two race entries

**SILVER SPONSOR \$250**

- Logo on the event website with a hyperlink to your web page
- Logo on the race shirt
- Two race shirts

**BRONZE SPONSOR \$150**

- Logo on the event website with a hyperlink to your page
- Two race shirts

**FRIEND SPONSOR:**

- Name listed on website
- All contributions and donations are enthusiastically accepted and appreciated!

*Please see our "Virtual Runner/Sleep-In" opportunity to support SSCEF and get a race shirt!*  
 Deadline for submission of logos and names to be printed on banners/race shirts is September 15.  
 Donations and sponsorships are accepted after this date, but will not be printed on race shirts.

Email company logos to Laurie Dannison at [ldannison@sscps.org](mailto:ldannison@sscps.org), or call 781-982-4202 ext. 207 to discuss any opportunities.

Sponsor/Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Sponsorship Level \_\_\_\_\_

Check here if you would like to make a donation (gift certificate, raffle item, swag bag item, etc)  
 Value: \$ \_\_\_\_\_ Description: \_\_\_\_\_

**Circle the appropriate method of payment:**

Check (payable to SSCEF)      Visa      MasterCard      American Express  
 Amount Enclosed \$ \_\_\_\_\_      Charge Credit Card \$ \_\_\_\_\_  
 Name of Cardholder \_\_\_\_\_      Card Number: \_\_\_\_\_  
 Exp Date \_\_\_\_\_      CVV Code \_\_\_\_\_      Signature of Cardholder \_\_\_\_\_  
 Adult Small \_\_\_\_\_      Med \_\_\_\_\_      Large \_\_\_\_\_      XL \_\_\_\_\_      Youth: Med \_\_\_\_\_      Large \_\_\_\_\_      #Race Entries \_\_\_\_\_