



# Sponsorship Form

## O'Neill's 2023 5K Walk & Run

Sunday, June 11, 2023

Select a Sponsorship Level

Premier  
\$5,000

Event  
\$2,500

Start/Finish  
\$1,000

Halfway  
\$500

Special  
\$250

### Graphics Requirements

- All graphics (e.g., logo) must be submitted by May 26th, 2023
- PNG, JPEG, and PDF files accepted
- Minimum of 250 dpi resolution

	Premier	Event	Start/Finish	Halfway	Special
Premier recognition on all race and promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponsorship jackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/logo on all race and promotional materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/logo on start/finish banners, race t-shirts, and swag bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/logo on halfway marker, race t-shirts, and swag bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name/logo on kilometer markers, water stations, and race t-shirts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax deductible (As allowed by law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Sponsor Information

\_\_\_\_\_  
**Name** (as it will appear on promotional materials and t-shirt)
 \_\_\_\_\_  
**Website Address**

\_\_\_\_\_  
**Street**
\_\_\_\_\_  
**City**
\_\_\_\_\_  
**Zip**

### Sponsor Contact Information

\_\_\_\_\_  
**Last Name**
\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Title**
\_\_\_\_\_  
**Phone**
\_\_\_\_\_  
**Email**

Mail this form along with a check to Mid-Fairfield Community Care Center, Attention: Marissa Mangone, 100 East Avenue, Norwalk, CT 06851. Checks should be payable to Mid-Fairfield CCC. For further information please contact Marissa Mangone at (203) 858-5340 or mmangone@mfcgc.org