



2016 Corporate Sponsorship 6th Annual Harvest Run

Prepared for: Corporate Sponsors



Executive Summary

Objective

To provide a community-wide event on Saturday, October 1, 2016 that promotes healthy living, fun, and fitness, while bringing awareness to the athletic and academic excellence at All Saints Catholic School.

Goals

All Saints Catholic School's goal is to raise \$10,000 in corporate sponsorships to benefit our athletic program and scholarship fund, while providing value to our corporate partners. In addition to community awareness, inclusion in event advertising, and on-site promotion, as a sponsor you gain exposure to over 5,000 St. Paul the Apostle Parishioners, our surrounding parishes in the mid-Maine region, and over 150 All Saints Catholic School families.

Tax Deductible Information

Federal income tax law requires us to inform you that no goods or services were provided to you in return for your gift, except for the race day registrations of \$20 per entry. Therefore, within the limits prescribed by law, the full amount of your gift is deductible, minus the entry fee for Federal income tax purposes. Our IRS Tax ID is: 01-0535915.



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Sponsorship Form

Company Name: _____

Contact Name: _____

Email: _____

Website Address: _____

Will provide artwork in jpeg by September 15, 2014: Yes

No

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Payment: Check# _____ **Amount \$** _____ **Date:** _____

Credit Card: Master Card Visa

Account Holder's Name: _____

Card Number: _____

Card Expiration: Month: _____ **Year:** _____ **(CVV):** _____

Signature: _____



The Harvest 5K & Fun Run Race Day Registration
Run/Walk Registration Form

First Name: _____ Last Name: _____

T-Shirt Size _____ Age _____ M ___ F ___ Event: Fun Run/1Mile 5K

First Name: _____ Last Name: _____

T-Shirt Size _____ Age _____ M ___ F ___ Event: Fun Run/1Mile 5K

First Name: _____ Last Name: _____

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RACE WAIVER AND RELEASE (must be signed by participant or parent/guardian if under age 18): I am a voluntary participant in this event and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during participation in this event or while on the premises of this event. I hereby release and hold harmless and agree not to file suit against the organizers, sponsors, workers, and any other persons or entities associated with this event from any loss, liability, or claims I may have arising out of my participation in this event.

One per participant

Participant Name: _____

Signature: _____ **Date:** _____

Parent/guardian Signature (if under age 18) _____