

SAVE THE DATE – Saturday, May 10th 2014

8:30 AM - Kids Fun Run (untimed); 9:00 AM - 5K Race (rain or shine)



VISITING NURSE SERVICE &
HOSPICE OF SUFFOLK, INC.

14th Annual
5K Race/Walk
Kids Fun Run
Run For The Health Of It

Thank You to Our Major Event Sponsor



Race Sponsorship Opportunities:

\$500 RACE SPONSOR – Company marketing table at race site to promote your business.

\$750 BRONZE SPONSOR – Company marketing table at race site to promote your business and acknowledgement on the VNSHS website & in our Community Focus newsletter.

\$1000 SILVER SPONSOR – Company marketing table at race site to promote your business, company name on tee shirt, acknowledgement on the VNSHS website & in our Community Focus newsletter, along with your company logo on the race flyer (15,000 flyers distributed).

\$1500 GOLD SPONSOR – Company marketing table at race site to promote your business, company name on tee shirt, acknowledgement on the VNSHS website & in our Community Focus newsletter, your company logo on the race flyer (15,000 flyers distributed), signage at start line.

\$2500 MAJOR EVENT SPONSOR – Company marketing table at race site to promote your business, company logo on tee shirt, acknowledgement on the VNSHS website & in our Community Focus newsletter, your company logo on the front of the race flyer (15,000 flyers distributed), signage at finish line, plus 10 complimentary race entries.

RACE FLYER – 15,000 mailed to race participants and distributed at other local races, schools, libraries, running clubs, health clubs and sporting goods stores.

ALL SPONSORS – Receive complimentary recognition in the Community Focus Newsletter that reaches an additional 10,000 families, hospitals and medical offices. May include marketing material in runner's goody bags. Materials for goody bags must be delivered to VNSHS by May 1, 2014

LONG ISLAND
TRACK & FIELD 2014



SPONSORSHIP DEADLINE IS FRIDAY, MARCH 24, 2014

**If interested in sponsorship, please call
Barbara Sorelle at 631-930-9310.**

Official Entry Form:

Make checks payable to & mail to:

Visiting Nurse Service & Hospice of Suffolk
at 505 Main Street, Northport NY 11768

Pre-registration fees must be received by May 8th.

Day of race entry fee is \$25

5K Run \$20 Walk \$20 Kids Fun Run \$10

Male Female Nurse

_____ Date of Birth _____ Age (Mandatory for race)

Name (Please print clearly)

Street

City

State

Zip

Phone

I'd like to Run in Memory/Honor of a Loved One \$100.00 donation
Tee sign displayed on race course

In Memory of _____

In Honor of _____
(please check one above and fill in name of loved one for Tee Sign)

I cannot run, but would like to support the Children's Bereavement Retreat
with a donation

DONATIONS: \$ _____

RACE FEES: \$ _____

M/C Visa Check TOTAL: \$ _____

Name on card: _____

Account number: _____

Exp. Date: _____ Phone: _____

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive, release and hold harmless (Race Organizer, Race Director, Sponsor 1, Sponsor 2, Municipality) and their agents, employees, representatives, successors and assigns, from any and all liabilities, claims, demands and causes of action whatsoever arising directly or indirectly from my participation in this event, even if any such liabilities, claims, demands and causes of action arise in whole or in part out of the negligence of any of the above-mentioned organization or individuals. (If signed by a parent, the parent agrees to waive, release and hold harmless the above-mentioned organizations and individuals from any all said liabilities, claims and causes of action which may be asserted on behalf of the entrant.)

I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any of the above mentioned organizations and individuals to use any photographs, videotapes, recording or any other record of this event and my participation.

All entrants must sign. Parent must sign if under 18

Emergency Contact (name and phone number)

**PROCEEDS SUPPORT OUR
ANNUAL BEREAVEMENT RETREAT FOR CHILDREN**