



Olde Towne
Medical & Dental Center

STRIDE FOR WELLNESS

CARTER'S GROVE 5K & 10K

Race Sponsorships: Check One

- \$50 - Patient Sponsor
- \$100 - Course Sign Sponsor
- \$250 - Raffle Sponsor
- \$500 - Awards Sponsor
- \$1000 - Hospitality Sponsor
- \$2500 - Race Shirt Sponsor
- \$5000 - Race Sponsor

Sponsor Information:

Sponsor Organization or Sponsor Individual Name:

Contact Name and Email:

Please list the main point of contact for communications regarding sponsorship marketing and their email address.

Sponsorship Runner Registration:

Only the Hospitality and Race Shirt Sponsors have 3 runner registrations included, and the Presenting Race Event Sponsor have 5 registrations included. If you wish to add runners, please visit our race website at: bit.ly/3DGbJK6

Available To Hospitality and Shirt Sponsors Only

Runner #1 Name:

Runner #1 Age:

Runner #1 Race: 10K Run 10K Race Walk 5K Run/Walk

Runner #1 T-Shirt Size: Small Medium Large XL 2XL

Runner #2 Name:

Runner #2 Age:

Runner #2 Race: 10K Run 10K Race Walk 5K Run/Walk

Runner #2 T-Shirt Size: Small Medium Large XL 2XL

Runner #3 Name:

Runner #3 Age:

Runner #3 Race: 10K Run 10K Race Walk 5K Run/Walk

Runner #3 T-Shirt Size: Small Medium Large XL 2XL

Available To Presenting Race Sponsors

Runner #4 Name:

Runner #4 Age:

Runner #4 Race: 10K Run 10K Race Walk 5K Run/Walk

Runner #4 T-Shirt Size: Small Medium Large XL 2XL

Runner #5 Name:

Runner #5 Age:

Runner #5 Race: 10K Run 10K Race Walk 5K Run/Walk

Runner #5 T-Shirt Size: Small Medium Large XL 2XL

Payment Information

Enter information for the person or organization that is responsible for payment.

Name, First and Last

Email

Address

To pay by check contact Susan Dunn at sdunn@otmdc.net or mail this Sponsorship Form to 5249 Olde Towne Rd Suite D, Williamsburg VA 23188