

YMCA 5K RUN IN MEMORY OF JUDI

HELPING FAMILIES LIVE STRONG

GREAT SOUTH BAY YMCA SATURDAY, JUNE 4, 2016

Start 8:30am

SPONSORSHIP OPPORTUNITIES

THE YMCA AND TO HELP LOCAL FAMILIES IMPACTED BY BREAST CANCER.		
Nan	ne of Business/Organization/Family:	
Add	ress:	
Pho	ne Number:	
Ema	iil:	
Con	tact Person Name(s):	
Con	tact Person Phone Number(s):	
LIV Lead	CONSORSHIPS AVAILABLE: (please check below) ESTRONG SPONSORSHIP	
Spo brea	### \$100 sponsorship supports a local family-in-need affected by ast cancer. Recognition on all promotional materials including signage and t-shirt. Deadline for logo May 4, 2016	
Spo	E MARKER SPONSOR	
	HIRT SPONSORSHIP\$25 ognition on t-shirt. Deadline for logo May 4, 2016	
Rec	support of	
	ail black (no tints) logo/art to marylee.ilchuk@ymcali.org ase make all checks payable to the GSB YMCA	
	THANK YOU FOR YOUR SUPPORT.	

STRENGTHENING COMMUNITIES BY PROVIDING SUPPORT TO **OUR NEIGHBORS BATTLING CANCER**

THE YMCA 5K IN MEMORY OF JUDI **ENTRY FORM**

FIRST NAME	
LAST NAME	
☐ MALE ☐ FEMALE	
EACH PARTICIPANT MUST COMPLETE AN ENTRY register additional family members, please dupl form or visit our web site YMCALL.org/5K for ad forms. Or Register at YMCALL.org/5K NO ADDITIONAL FEES TO REGISTER ONLINE!	icate this
AGE ON RACE DAY	
ADDRESS_	
CITY/ STATE/ZIP	
E-MAIL	
(To be used to communicate race info)	
PHONE	
EMERGENCY CONTACT NAME / PHONE	
ENTRY FEES / SPONSORSHIPS	
ADULT 5K (Pre-Registration)	\$25.00
ADULT RACE DAY Registration	\$30.00
• STUDENT 5K (13-18 yrs)	\$15.00 \$10.00
 CHILD 5K (12 yrs & under) Sorry, I am unable to participate, but I would like sponsorship contribution of \$ 	\ ,
Yes, I want to be a sponsor. (see Sponsorship Opportunities on back)	

PARTICIPATION WAIVER

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I the undersigned hereby waive and release any and all rights I may have against the YMCA, The Village of Brightwaters, The Town of Islip, Results Timing and all the sponsors for damages, which I may have arising out of, said event.

I attest and verify that I will participate in this event as a foot race entrant and that I have sufficiently trained and that my physical condition has been verified by a licensed medical doctor. I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, or any other records of this event for any purpose whatsoever.

If signed by a parent, the parent agrees to release and hold the above named organization and nersons harmless of any claims, which may be asserted by or on hehalf of the entrant

and persons harmless of any claims, which may be asserted by or on behalf of the entrant.

DATE

(If participant is under 18, parent/guardian must sign)