



EQUITEAM Support Services

5K/10K Walk-Run Sponsorship Registration Form

Name: _____

Address: _____

Phone Number: _____ Fax: _____

Name to be listed at Event: _____

Contact Person: _____ Phone: _____

Email Address: _____

Please check Sponsorship Package:

Platinum Sponsor (\$5000 *only one*) Gold Sponsor (\$2500) Silver Sponsor (\$1000)
 Bronze Sponsor (\$500) Friends & Family Sponsor (\$250)

Payment Method:

Check Check Amount \$ _____ Check Number _____

(Make Check Payable to "EquiTeam Support Services")

Invoice Request – Sponsorships are confirmed when payment is received.

Contact Person (if different from above) _____

Billing Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Extension _____

Signature _____ Date _____

Questions? Contact us.

Ellie Williams, MS, NCC, LPC, BCPC

Executive Director

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