

2019 Clovis Memorial Run Bronze Level Sponsorship Agreement
Non-Profit Organizations
Clovis Memorial Run – Honoring Our Legacy

This agreement between the City of Clovis Senior Center and _____ is for the Non-Profit Bronze Sponsorship level of the 2019 Memorial Race to be held May 25, 2019. The event includes a 5K run/walk and 2 mile walk, ½ mile kid’s run and a ½ mile senior walk or wheelchair push. In conjunction with the event, a resource fair and pancake breakfast will be held. The event is to honor veterans and seniors. Proceeds from the event will be used to improve senior programs at the Clovis Senior Activity Center. In order to get your organization’s name on printed material, this agreement must be signed by May 13, 2019.

As part of the Bronze level sponsorship, the City of Clovis agrees to the following:

- Name of sponsoring organization listed on day of event materials (fliers, brochures, etc.). Name of sponsoring organization on the Memorial Run web page.
- A booth at the resource fair the day of the event.
- The organization may provide information or literature for the “swag” bag to be provided to participants.

The sponsoring organization agrees to the following:

- Payment for sponsorship in the amount of \$100.00 due no later than 30-days prior to the race date. If agreement is signed within 30 days of the event, payment is due within 14 days of signing unless other arrangements are made with staff.
- A raffle prize valued at \$50 delivered on or before the event date or provide \$50 with the \$100.00 sponsorship payment and we will purchase a gift card for your raffle prize.
- Provide distribution materials as noted above.
- We are a certified non-profit organization.

Company Name _____ Contact: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Will you need power at your table? _____

Email: _____

Please provide a brief description of your company and the services you provide for our brochure.

By signing below you and your organization agree to the terms of the sponsorship.

Signature

Date: _____

Name (printed) _____

Make checks payable to Clovis Senior Activity Center, 850 4th Street, Clovis, CA 93612