



# 2024 Sponsorship Levels & Benefits

sharonclassic.org

## LEVELS OF SPONSORSHIP

Sponsorship is the cornerstone of our fundraising efforts. Listed below are our sponsorship levels. Please select your sponsor level and return this completed form with your payment to the address at the bottom of this form. Your contribution is tax deductible. We greatly appreciate whatever level you choose below.

### DIAMOND SPONSOR

\$1000

- Finish Line Signage
- Table Display area at finish line
- Children's Race Sponsor
- 7 Complimentary Race entries
- Featured Announcements throughout the Event
- PLUS ALL PLATINUM SPONSOR Benefits as listed below (excludes additional complimentary entries).

### GOLD SPONSOR

\$500

- Back Logo Placement on SCRR T-Shirt
- Press Coverage
- Website & Internet Presence
- Logo on Race Poster
- 3 Complimentary Race entries

### SILVER SPONSOR

\$375

- Back Company Name Placement on SCRR T-Shirt
- Website & Internet Presence
- 2 Complimentary Race entries

### PLATINUM SPONSORS

\$750

- Front Logo Placement on SCRR T-Shirt
- Press Coverage
- Website & Internet Presence
- Radio Coverage
- Logo on Race Poster
- 5 Complimentary Race entries

### BRONZE SPONSOR

\$200

- Back Company Name Placement on SCRR T-Shirt
- Website Listing
- Half-priced Race entries (4 max)

On behalf of Sharon Day Care, thank you for becoming a sponsor of our 39th Annual Sharon Classic Road Race. Should you have questions about these benefits or require more information, please contact us at director.scrr@gmail.com

## SPONSOR SUBMISSION DEADLINE

PLEASE NOTE: To ensure your inclusion in Social Media Posts, Listing on Event Website Posters and more we must receive your completed form no later than **March 22, 2024**

## SPONSOR CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Requested Size for Sponsor T-shirt:  Unisex  Womens  S  M  L  XL

To submit your monetary sponsorship, please enclose this completed form with your check made payable to:  
**SHARON DAY CARE, P.O. BOX 1031, SHARON, CT 06069**