



Please return this form with your sponsor check to:

St. Luke's Hospital Foundation
101 Hospital Drive
Columbus, NC 28722
(828) 894-2693

Please send your logo and web address to:

sbtapp@windstream.net

EVENT SPONSORSHIP FORM

Name _____ Business Name _____

Mailing Address _____ City, State, Zip _____

Phone _____ Email Address _____

1.) Please choose your sponsorship level:

_____ Platinum Medal (\$5,000)

_____ Gold Medal (\$2,500)

_____ Silver Medal (\$1,500)

_____ Bronze Medal (\$1,000)

2.) Please describe the give away items you would like to place in the registration packets:

3.) Do you plan to run/walk as an individual _____ As a team _____

Number of Participants _____
(Minimum of 5 runners per team)

4.) OR join the fun as a Podium Partner:

_____ \$500

_____ \$250

_____ \$150

5.) Please indicate T-shirt sizes you will need and how many:

_____ Small _____ Medium _____ Large _____ X-Large