PLAINFIELD SHOREWOOD AREA CHAMBER OF COMMERCE 2023 ANNUAL HARVEST 5K RUN/WALK & KIDZ MILER SPONSORSHIP CONTRACT

Your company is responsible for meeting the following deadlines to guarantee that you will receive the full benefit of your sponsorship:

of your sponsorship:

EMERALD PSACC Member - \$850 Non-Member - \$1,200 15 Available

- Provide camera ready artwork by Friday, August 4th
- Item for "swag bag" must be delivered to Chamber office by Friday, September 8th
- Payment in full of sponsorship by Friday, <u>August 4th</u>
- Provide own tent (optional), table and chairs for booth space in the Vendor Area
 Will you be utilizing your Booth Space on Race Day YES _____ NO ____

The Plainfield Shorewood Area Chamber of Commerce is responsible for the following items so that you receive the full benefit of your sponsorship:

- Submit camera ready artwork by Friday, <u>August 11th</u> to the printer for all paper & online advertising
- Company Name featured in St. Mary Immaculate Church Sunday Bulletin Advertisements for Harvest 5K Run/Walk (Seen by over 7,800 Families) in September 2023
- Include small logo on Harvest 5K Run/Walk Hoodie
- Include company name on official Harvest 5K Run/Walk website: www.plainfieldharvest5k.com
- Provide three (3) Harvest 5K Run/Walk Hoodies (May PICK UP Day of race after Registration closes)
- 1 Ticket set aside for the Annual 5k Give Back Luncheon in November

The committee will contact "95.9 The River" to arrange pron	notional ra	idio spots
(This item is optional at company cost of \$100.00)	YES	NO

I agree to meet the above deadlines as specified. Failure to meet the deadlines may result in not receiving the full value of the sponsorship package. I am aware that this sponsorship is non-refundable. Mail check payable to PSACC with this signed contract to:

Plainfield Shorewood Area Chamber of Commerce

Attn: 5K Run

24109 W. Lockport St. Plainfield, IL 60544

Phone: 815/436-4431 Fax: 815/926-5315 Email: PSACC@PSACchamber.com
Website: www.PSACchamber.com



Company Name:		
(As you want	it to appear on advertising materials)	
Contact Name:	Date:	
Address:	Phone:	
City:	State:Zip Code:	
Email:		
Credit card Check		
Credit Card #	Exp. Date: Zip:	