

PLAINFIELD SHOREWOOD AREA CHAMBER OF COMMERCE 2024 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:

PLATINUM PSACC Member - \$2,750 Non-Member - \$3,250

8 Available

- Provide camera ready artwork by Friday, August 2nd
- Provide banner and deliver to Chamber by Friday, September 6th
- Item for "swag bag" must be delivered to Chamber office by Friday, September 6th
- Payment in full of sponsorship by Friday, August 2nd
- **MAY Provide people to man your water station day of race** YES ____ NO ____
- 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, August 2nd, to the printer for all paper & online advertising
- Include logo on Harvest 5K Run/Walk Hoodie & Volunteer Shirts
- Include logo on official Harvest 5K Run/Walk website: www.plainfieldharvest5k.com
- Include Company Name & Logo on Mile Markers (3)
- Include Logo on (5) Yard Signs on 5K Course
- Include logo/link on official 5K website: www.plainfieldharvest5k.com
- Company provided banner **3x5** by Sunday, September 29th at the Race Venue (**oversized banners not accepted!**)
- Provide five (5) Harvest 5K Run/Walk Hoodies (**May PICK UP Day of Race after Registration closes**)
- 2 Tickets set aside for the Annual 5k Give Back Luncheon in November

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 / 10K Run
24109 W. Lockport St.
Plainfield, IL 60544
Phone: 815/436-4431 Fax: 815/926-5315
Email: PSACC@PSACchamber.com
Website: www.PSACchamber.com



CompanyName: _____
(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:** _____