



Business Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

E-mail: _____

Sponsorship Type: _____

Total Amount Enclosed: _____

Payments can be made to Darke County Wellness Challenge and mailed with your sponsorship form to Jordan Francis, Wayne HealthCare, 835 Sweitzer St. Greenville, OH 45331

DARKE COUNTY WELLNESS CHALLENGE SPONSORSHIP LEVELS

Presenting Sponsor: \$3,500

1. Logo on Home page of website as well as all other pages
2. Logo on all marketing materials
3. Large race series banner at all races' finish lines
4. Verbal recognition at all race award ceremonies
5. Logo on back of the season ending shirts

Main Supporting Sponsors: \$1,000

1. Logo on Home page of website
2. Logo on all marketing materials
3. Large race series banner at all races' finish lines
4. Logo on back of the season ending shirts

Website Sponsors: \$500

1. Logo rotated on 6 pages of the Darke County Wellness Challenge website, excluding the home page
2. Large race series banner at all races' finish lines
3. Name on the back of the season ending shirts

Banquet Sponsors: \$100

1. Logo on poster stand at banquet
2. Verbal recognition at banquet

For more information on the Darke County Wellness Challenge or for sponsorship questions, please visit our website at www.darkecountywellnesschallenge.com or email Jordan.Francis@Waynehealthcare.org