




St. Vincent's Hospital Westchester
 A Division of Saint Joseph's Medical Center
SPONSORSHIPS AND REGISTRATIONS
 SATURDAY, MAY 9, 2026

▶ SPONSORSHIPS

- PARTICIPANT (includes race t-shirt) \$40** # of participants _____ x \$40 = \$ _____
- SPONSOR A PARTICIPANT \$40** # of participant (s) _____ x \$40 = \$ _____
- EMPLOYEE/STUDENT \$35** # of participants _____ x \$35 = _____
- "FIELD OF GRATITUDE" SIGN \$50** pre-printed message _____ x \$50 = \$ _____
 Select : Thank you Believe Hope Strength
- RACE COURSE SIGN \$150** renew create personalized sign
 Send copy to stvdevelopment@svwsjmc.org
- LEADING SPONSOR \$10,000** Leading website/t-shirt recognition, one (1) sign, ten (10) participants
- EVENT SPONSOR \$5,000** Prominent website/t-shirt recognition, one (1) sign, five (5) participants
- TITLE SPONSOR \$2,500** High website/t-shirt recognition, one (1) sign, four (4) participants
- GOLD SPONSOR \$1,000** Website/t-shirt recognition, one (1) sign, three (3) participants
- SILVER \$500** Website/t-shirt recognition, one (1) sign, two (2) participants
- BRONZE \$250** Website recognition, one (1) sign, one (1) participant
- ADDITIONAL DONATION** Amount \$ _____



Name to appear on website listing/t-shirt (if applicable): _____

Team Name (10 or more): _____

Due dates: Name on t-shirt / Course sign: April 20th

▶ NAME/ORGANIZATION

Name/Organization: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

▶ PAYMENT

Check made payable to: **ST. JOSEPH'S HEALTH FUND**

Please charge my credit card (circle one): VISA MC AMEX

Name on card: _____ Card #: _____ CVC: _____

Signature: _____ Expiration Date: _____

IMPORTANT: WAIVER SIGNATURE IS REQUIRED TO PARTICIPATE (Parent must sign if participant is under 18).

I know that participating in the Run/Walk event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release St. Vincent's Hospital Westchester, Saint Joseph's Medical Center, the Town of Harrison and the Village of Harrison, the Westchester Country Club, race officials, volunteers and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose without remuneration. I understand this waiver applies to all registrants above.

Signature (Parent must sign if participant under 18)

X _____