

# 4TH ANNUAL HOLLISTON 5K ROAD RACE TO BENEFIT



Children's Hospital Boston

## SPONSOR FORM (must be received by May 8, 2009)

Mail to: Holliston5K, c/o Barry and David Kriegsman, 103 Richard Road, Holliston, MA 01746  
(Make checks payable to **Holliston 5K Race for CHB**)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

**GOLD LEVEL (enclose check for \$300)**

a) On the line below, please print the name to be listed on the race website.

\_\_\_\_\_

b) On the line below, please print the url to be used for the link to your website from race website.

\_\_\_\_\_

OR If no link to a website is available, please provide an address and/or phone number you wish to appear on the website

\_\_\_\_\_

c) Please email the logo you wish to appear on the T-shirt to [Holliston5K@verizon.net](mailto:Holliston5K@verizon.net)

OR  Check this box to indicate that enlarged text from part a) will be used in place of a logo on the T-shirt.

d)  Please check this box to indicate you wish to have a table at the event.

**SILVER LEVEL (enclose check for \$200)**

a) On the line below, please print the name to be listed on the race website.

\_\_\_\_\_

b) Please email the logo you wish to appear on the T-shirt to [Holliston5K@verizon.net](mailto:Holliston5K@verizon.net)

OR  Check this box to indicate that enlarged text from part a) will be used in place of a logo on the T-shirt.

**BRONZE LEVEL (enclose check for \$100)**

a) On the line below, please print the name to be listed on the T-shirt.

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