

# 11<sup>TH</sup> ANNUAL SUSAN ZABRANSKY HUGHE SMEMORIAL 5K RUN/WALK Sponsorship & Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ \$25 registration

\_\_\_\_\_ \$22 registration for USATF members

\_\_\_\_\_ USATF ID

Team name (optional) \_\_\_\_\_

**Registration and sponsorships also available at [www.saddleriver5k.com](http://www.saddleriver5k.com)**

## Sponsorship Opportunities

- |   |          |  |         |
|---|----------|--|---------|
| <input type="checkbox"/> Title Sponsor    | \$25,000 | <input type="checkbox"/> Bronze Sponsor        | \$1,000 |
| <input type="checkbox"/> Platinum Sponsor | \$10,000 | <input type="checkbox"/> Water Station Sponsor | \$500   |
| <input type="checkbox"/> Gold Sponsor     | \$5,000  | <input type="checkbox"/> Supporting Sponsor    | \$250   |
| <input type="checkbox"/> Silver Sponsor   | \$2,500  | <input type="checkbox"/> General Donation      | \$_____ |

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
(List personal or company name as you would like it to appear on any printed materials)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_

**Please make checks payable to  
Hackensack University Medical Center Foundation.**  
Mail to: 343 Thornall Street, 7th Floor, Edison, NJ 08837

Charge my credit card in the amount of \$ \_\_\_\_\_  AMEX  Visa  MasterCard  Discover

Credit card number                      Exp. date   /

Name on credit card \_\_\_\_\_ Signature \_\_\_\_\_

I/We do not wish to receive future mailings. Please remove my name from your list.