




The Albany Running Exchange's Second Annual

THE **FALL FRUN 10K**
Presented by Internet Marketing Ninjas

To benefit the Children's Hospital at Albany Medical Center

Sunday, November 4, 2012 in Clifton Park, NY

SPONSORSHIP PACKAGES

	Title \$5,000	100 Bed \$2,000	50 Bed \$1,000	25 Bed \$500	1 Bed \$100
 Business Visibility					
Online Registration Form	Logo	Logo			
Name/Logo on T-shirts	Logo on sleeve	Logo on back	Name on back	Name on back	
Materials Distributed at Event	X	X	X	X	X
Name/Logo/Link on Website	Logo + L	Logo + L	Logo + L	Name + L	Name + L
 Race Day Recognition					
Logo on Race Bibs	X	X			
Corporate Banner Display	2	1	1	1	
Inclusion on General Event Sponsor Banner	Logo	Logo	Logo	Name	
Name Recognition Announcement	X	X	X	X	X
 Company Participation					
Complimentary Entries	5	4	3	2	1

Deadlines

Name/logo on T-shirts October 12, 2012

Name/logo on Race Bibs October 16, 2012

There is no deadline to have your name/logo added to the website.

Your contributions will be used to ensure the success of the event. In addition, direct donations of services or merchandise is graciously appreciated and will be raffled off at the event. All proceeds after expenses will be donated to the Children's Hospital at Albany Medical Center.

For additional information, please contact Randy Goldberg at sponsorship@fallfrun10.com or (518) 447-2660

For race information, please visit <http://www.fallfrun10.com>

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BUSINESS SPONSORSHIP FORM

We encourage you to use the online sponsorship form at <http://www.FallFrun10.com>.

Business / Store Name _____

Contact Person _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Email address _____ Website _____

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If applicable, please send your logo to sponsorship@fallfrun10.com.

We also encourage you to mail us any coupons or samples you would like distributed at the event.

Once we receive your sponsorship form we will contact you with how to use your complimentary entries.

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Please complete the box below by writing in the amount donated and circling the appropriate level.

Monetary contribution: _____			
100 Bed \$2,000	50 Bed \$1,000	25 Bed \$500	1 Bed \$100

Please make checks payable to AREEP and send to: Fall Frun 10k
c/o AREEP
PO Box 38195
Albany, NY 12203-8195



Signature of Applicant _____ Title _____

Printed Name _____ Date _____