

The Outlaw Foundation

11th Annual 5K Run/Walk Sponsorship Form

Saturday, March 8th, 2025 Carver Elementary School

- * Race begins at 9:30 AM
- * Mount Olive, NC

The Outlaw Foundation's Mission is to help as many as possible who are currently battling cancer.

O3 will step in and help with encouragement, financial support, or just fellowship.

All proceeds from the race go to The Outlaw Foundation. Race registration details and more information about The Outlaw Foundation can be found on our website:

http://www.theoutlawfoundation.com

We would appreciate your help by joining us as a sponsor for this event!!!

* Sponsorship Deadline: February 17th, 2025*

Platinum Sponsor (\$500.00)

- Company name &/or logo on 5K t-shirt (large)
- Company banner displayed at event (provided by foundation)
- Opportunity to place items (gifts, coupons, ads) in goodie bags
- Four (4) free race entries

Gold Sponsor (\$350.00)

- Company name &/or logo on 5K t-shirt (medium)
- Company banner displayed at event (provided by foundation)
- Opportunity to place items (gifts, coupons, ads) in goodie bags
- Two (2) free race entries

Silver Sponsor (\$250.00)

- Company name &/or logo on 5k t-shirt (small)
- Company banner displayed at event (provided by foundation)
- Opportunity to place items (gifts, coupons, ads) in goodie bags
- One (1) free race entry

Bronze Sponsor (\$100.00)

- Company Name only on 5K t-shirt
- Company banner displayed at event (provided by foundation)
- Opportunity to place items (gifts, coupons, ads) in goodie bags

Saturday, March 8, 2025 Carver Elementary School 400 Old Seven Springs Rd. Mount Olive, NC 28365

Event Sponsorship



| Platinum Sponsor | \$500.00 | \$ |
|------------------|----------|----|
| Gold Sponsor | \$350.00 | \$ |
| Silver Sponsor | \$250.00 | \$ |
| Bronze Sponsor | \$100.00 | \$ |

Deadline for Sponsorships: February 17th, 2025

Please complete below:

| Company Name: | | | | | |
|-------------------------------|--|---------|-------|--|--|
| Contact Name: | | | | | |
| Address:City, State, Zip: | | | | | |
| | | | | | |
| Phone: | | Fax: | | | |
| Authorized Signature Requir | ed: | | Date: | | |
| All logos must be supply | essica Bryan – jbryan@tra olied – Logo to be used ?(| | | | |
| Payment Information: | | | | | |
| I (we) plan to make this cont | ribution in the form of: | | | | |
| cash check | credit card | _ other | | | |
| Credit Card Type: | Card#: | | | | |
| Amount: \$ | | | | | |
| Name that appears on Card: | | | | | |
| Billing address: | | | | | |
| Signature: | | Dat | e: | | |

Please mail this form and your payment to:
The Outlaw Foundation
P.O. Box 189
Newton Grove, NC 28366

Thank You for your support!