2025 Clovis Memorial Run Silver Level Sponsorship Agreement Clovis Memorial Run – Honoring Our Legacy

This agreement between the City of Clovis Senior Activity Center and _________ is for the Silver Sponsorship level of the 2025 Memorial Race to be held May 24, 2025. The event includes a 5K run/walk and 2-mile walk, a ½ mile kid's run and a ½ mile senior walk or wheelchair push. In conjunction with the event, a resource fair and pancake breakfast will be held. The event is to honor veterans and seniors. Proceeds from the event will be used to improve senior programs at the Clovis Senior Center. In order to get your organization's name on printed material and shirts, this agreement must be signed by May 5th, 2025.

As part of the silver level sponsorship, the City of Clovis agrees to the following:

- Name of sponsoring organization on participant shirts (no logo) listed as a silver level sponsor. There will be no more than ten silver level sponsors.
- Name of sponsoring organization listed on day of event materials (fliers, brochures, etc.).
- Name of sponsoring organization and hyperlink to the organization's website on the Memorial Race web page.
- A booth at the resource fair the day of the event.
- The name of the sponsoring organization announced as a Silver sponsor the day of the event.
- The organization may provide information or literature for the "swag" bag to be provided to participants. The deadline to provide information for the "swag" bag will be May 16th, 2025.

The sponsoring organization agrees to the following:

- Payment for sponsorship in the amount of \$550 due no later than 30-days prior to the race date.
- A raffle prize valued at \$50 delivered on or before the event date or provide \$50 with the \$550 sponsorship payment and we will purchase a gift card for your raffle prize.
- Provide logo artwork and distribution materials as noted above.
- Agreement signed and payment received by May 5th, 2025.

| Company Name | | Contact: | | |
|----------------------------------|--|------------------------------------|-------|--|
| Address: | City | State | Zip | |
| Phone: | Will you need pow | Will you need power at your table? | | |
| Email: | | | | |
| | your company and the services you p | | hure. | |
| By signing below, you and your c | organization agree to the terms of the | sponsorship. | | |
| | | Date: | | |
| Signature | | | | |
| Name (printed) | | | | |

Make checks payable to Clovis Senior Activity Center, 735 Third Street, Clovis, CA 93612