

New Beginnings 4th Annual Walk/Run/Ride for the Cause

Imagine making a difference in two lives. Imagine making a difference for a lifetime.

Register as a Sponsor at www.newbeginningsva.com

Or mail to:
PO Box 5273
Portsmouth, VA 23703

All Sponsors Receive:

- *An opportunity for you to promote your business at one of our company booths
- *Certificate of Appreciation
- *Remarks and thanks from event officials

Infant Level \$250:

- *Acknowledgement of your support on NBDS Cause Page.
- *Stuffing of your company's materials in participant's event packets
- *2 Free entries for the event

Toddler Level \$500:

- *All Infant level items
- *Vendor Table to showcase your business
- *4 entries in event (total)
- *Framed certificate of Appreciation

Blossom Level \$750:

- *All Toddler level items
- *6 entries in event (total)
- *Framed certificate of Appreciation
- *logo/ back of American Lifestyle Magazine

Butterfly Level \$1000:

- *All Blossom level items
- *8 entries
- *Start line sponsor logo

Finish Line Sponsor \$2000:

- *All Blossom level items
- *10 entries
- *Finish line sponsor logo
- *News and radio recognition (1x)

On-Stage-\$3,000:

- *All Blossom level items
- *10 entries
- *On-Stage sponsor logo
- *3 minute advertising on stage at event
- *News and radio recognition (1x)

Sponsorship Form

Yes, I want to be a Sponsor in the 4th Annual Walk/Run/Ride for the Cause

Check Sponsorship Level: Title Platinum Gold Friends of the W/R/R

Name _____
Address _____
City _____
Phone _____
Signature _____

Company _____
State _____ Zip _____
Email _____

Names of Participants(as per Sponsorship Level). Circle event desired.

W/Rn/Rd 1 _____ W/Rn/Rd 2 _____ W/Rn/Rd 3 _____
W/Rn/Rd 4 _____ W/Rn/Rd 5 _____ W/Rn/Rd 6 _____
W/Rn/Rd 7 _____ W/Rn/Rd 8 _____ W/Rn/Rd 9 _____
W/Rn/Rd10 _____

Fax Completed form to 757-484-0660 and send checks payable to" NBDS", Inc.
Mailing Checks to: New Beginnings Development Services, P.O. Box 5273, Portsmouth, VA 23703
You can also join the "Cause" and donate online by linking to ww.causes.com/newbeginningsva

New Beginnings Development Services Walk/Run/Ride

June 5, 2010 7:00 AM – Olde Town Portsmouth, Virginia

REGISTRATION FORM

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Mail _____

Name	T-Shirt Size ADULT (S/M/L/XL) or YOUTH (S/M/L)*	Sex (M/F)	Walk/Run or Ride	Entry Fee (\$20/adult, \$5/Teens, or free children)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
OPTIONAL TAX-FREE DONATION				
TOTAL				

*T-shirt will be given on a first comes first serve basis

I have read and agree to the Race Waiver below:

Signature of all Adults

Date

Parent/Guardian Signature (for all children under age 18)

Date

Race Waiver: I know that participating in this walking event is potentially hazardous. I should not enter unless I am medically and physically able. I also assume any and all risks associated with this event including but not limited to falls, contact with other participants, the effects of the weather, including high heat, humidity, cold, and all such risks. Having read this release and knowing these facts and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, release, absolve, and indemnify New Beginnings Development Services, event volunteers, contractors and/or sponsors from all risks and hazards associated with the activities and in the event of injury, do expressly waive all claims against them. **I understand that no insurance coverage is provided for the participants of this event by the parties named in the previous sentence.**