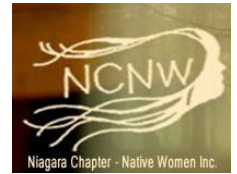


SPONSORSHIP & DONATION OPPORTUNITIES



Kristen French
Child Advocacy
Centre Niagara

AMAZING RACE NIAGARA



Supporting the health & wellbeing of children and families across the Niagara Region



Event Sponsor 3,000

- Event sponsor with your company name on ARN Survivor Bags
- Company logo on ARN website, Passports & 4 social media mentions
- Recognition at event (signage, promotional material)
- Two teams registered in the Amazing Race Niagara (8 people)
- Customizable sponsorship opportunity to meet your company needs



Race Sponsor - \$1,500

- Company Name on ARN Survivor Bags
- Company logo on ARN website, Passports & 3 social media mentions
- Recognition at event (signage, promotional material)
- Team registered in the Amazing Race Niagara (4 people)
- Customizable sponsorship opportunity to meet your company needs



Fuel Sponsor - \$1,000

- Company Name on ARN Survivor Bags
- Company logo on ARN website, Passports & 2 social media mentions
- Recognition at event (signage, promotional material)



Pit Stop Sponsor - \$500

- Company Name on ARN Survivor Bags
- Company logo on ARN website and 1 social media mention
- Recognition at event (signage, promotional material)



Friends Sponsor - \$250

- Company Logo on ARN website and one social media mention
- Recognition at event (signage, promotional material)



In-Kind Donation

I would like to donate goods and/or services such as:

- **Grand Prize** for the most funds raised by team of four
- **Additional prizes** for first, second and third place teams and Best Decorated Car (teams include four people)
- **Supplies** for the *Survivor Bags* (maps, bottled water, snacks, fuel gift cards, treats & treasures, etc.)
- **Breakfast foods/beverages** during registration
- **Snack foods/drinks** along the route
- **Other:**

Company Name: _____ Contact Name: _____

Company Address: _____ Tel: _____
(Street, City, Prov & Postal Code)

Sponsorship Amount: \$ _____ Payment Options: Cheque Enclosed (Payable to: Kristen French Child Advocacy Centre Niagara)

Visa Mastercard Card # _____ Exp: ____/____

Name on Card: _____

Please send completed form by June 30, 2018 with applicable payment to:

Kristen French Child Advocacy Centre Niagara

8 Forster Street, St. Catharines, Ontario L2N 1Z9

Phone: 905.937.5435 smccarroll@kristenfrenchcacn.org Fax: 905.934.6917