Community HealthNet Health Centers

Annual Breast Cancer Awareness 5K Walk

Saturday, September 30, 2017
Marquette Park – Gary, IN

REGISTRATION @ 9:00 AM
WALK Starts @ 10:00 AM

Individual Walkers @ $20.00
A Team of 10 @ $150.00

Proceeds to Benefit the Community HealthNet Health Centers’ Programs & Services
For More Information, Please Call (219) 484-2444
Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk

Donor and Sponsor Form

Business/Organization Name: ________________________________

Contact Name: ___________________________________________

Address: _________________________________________________

Email: ___________________________________________________

Phone: ___________________________________________________

Website/Social Media: _______________________________________

Donor and Sponsorship Levels:

Sponsor Donor provides donated items for the event. If interested, please see the categories below. A Sponsor Donor will receive recognition for the items they donate for the event.

Supporting, Event, and Corporate Event Sponsors provide financial support and are recognized according to the level listed below.

- **Supporting Sponsor** will receive the following:
  - Program Recognition and Post Recognition on the Community HealthNet Health Center website.
- **Event Sponsors** will receive everything above and in addition the following:
  - Table to display or distribute organizational information.
- **Corporate Sponsors** will receive everything above and in addition the following:
  - Post Recognition on all social media and mainstream media outlets for the remaining year as a Premier Event Sponsor of Community HealthNet Health Centers.
  - The display of your Organization/Agency's name on the walk route.

Please Select your Sponsorship Level

- ☐ $250.00 Donation Supporting Sponsor
- ☐ $500.00 Donation Event Sponsor
- ☐ $1000.00 Donation Corporate Event Sponsor

My Organization would like to donate one of the following items:

- ☐ Promotional/Give-a-ways Description_________________________Quantity________________
- ☐ Bottled Water Quantity________________________
- ☐ Juice Boxes Quantity________________________
- ☐ Fruit (Apples and Bananas) Quantity________________________
- ☐ Snack Crackers Quantity________________________
- ☐ Coffee & associated supplies Quantity________________________

Items may be dropped off at the CHN Main Location (1021 W 5th Ave., Gary, IN 46402) between the hours of 8am-4pm with Amanda Williams (219) 484-2444.
Team Registration Form

Early Bird Registration ends Sept 15th, 2017 4:30pm
(Early Bird Registration receives a special thank you gift)
Team Fee $150.00 per team
(A team must consist of 10 walkers)

Organizational Name: _____________________________________ (if applicable)

Team Captain Name: ____________________________

Address: __________________________________________ Email: __________________________________________

Phone: ___________________________________________ Website/Social Media: ____________________________

Team Name:

Please list the names of team members & emails. Each person will receive reminder information and forms necessary for participation in the walk.

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You may copy this page to register more than one team.

Please make all checks payable to: Community HealthNet, Inc.

Mail to
Community HealthNet, Inc.
Attention: Patricia Greer/BCW
1021 W 5th Ave
Gary, Indiana 46402

Community HealthNet is a 501c (3) and donations are tax-deductible. Please consult with your Tax Advisor.
Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk (3.1 miles)

Individual Walker Registration Form

Early Bird Registration ends Sept 15th, 2017 4:30pm
(Early Bird Registration receives a special thank you gift)

Fee-$ 20.00

I am registering for the walk as:

□ An individual walker with a single $20.00 donation
□ A Survivor and will be an individual walker with a single $20.00 donation.
□ An individual walker in honor of someone with a $20.00 donation and I am also donating $5 per each name listed below. Names will be displayed on our Honoree Board.
   ○ ______________________________________________________
   ○ ______________________________________________________
   ○ ______________________________________________________
   ○ ______________________________________________________
   ○ ______________________________________________________

Additional Names can be listed on the back

Total Amount Enclosed $ ______________________

Registering Walker’s Information:

Name: _________________________________________________________________
Address: __________________________________________________________________
City: __________________________ State: _______ Zip: __________________________
Phone: __________________________ Email: __________________________

Social Media (Facebook, Twitter, YouTube, etc): ________________________________
______________________________________________________________________________

□ This is my first time at this event
□ I have been to this event before this is my first time as a walker
□ I have participated as a walker for _________ years.

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Vendor Registration Form

Registration Due Sept 20th, 2017 4:30pm

Vendor Fee-$ 30.00

Name of Business: _______________________________________________________________

Contact Name: __________________________________________________________________

Business Address: ______________________________________________________________________

City: _______________________________State: _______ Zip: ___________________________

Phone: _______________________________ Email: _____________________________________

Website: _________________________________

Social Media (Facebook, Twitter, YouTube, etc):
____________________________________________________
____________________________________________________

Area of Interest for Table Distribution

☐ Distribution of Health Information
☐ Distribution of Community Resources
☐ Product for Sale or Goods of Service
☐ Other: ___________________________________________________________________________

Set Up Information

➢ Tables can begin set-up at 7:30AM on Saturday, September 30, 2017
➢ One (1) Table and two (2) Chairs will be provided
➢ Request for Access to Electrical Outlets must made by Friday, September 1, 2017

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Volunteer Registration Form

I would like to Volunteer:

☐ To set up tables and chairs on the day of the walk
☐ To assist with onsite registration
☐ To assist with coffee and snack set up
☐ To assist with tear down after the event

➢ Volunteers may contact Dorothy Curtis - Decurties@garychc.org or call (219) 880-1190.
➢ Volunteers need to be on-site by 7 AM Sat., September 30, 2017 at Marquette Park Beach, Main (Large) Parking Area.

Name: ____________________________________________________________
Address: _______________________________________________________________________
City: ___________________________ State: _____ Zip: ________________________
Phone: ________________________________
Email: ________________________________________________
Website: ____________________________________________
Social Media (Facebook, Twitter, YouTube, etc.): ____________________________
__________________________________________________________________________

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