



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

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 provides financial support and is 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

Annual Community HealthNet Health Centers' Breast Cancer Awareness 5K Walk (3.1 miles)

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.

Name	Email address
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

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.

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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
(additional fees may be incurred)

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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 - Dcurtis@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: _____

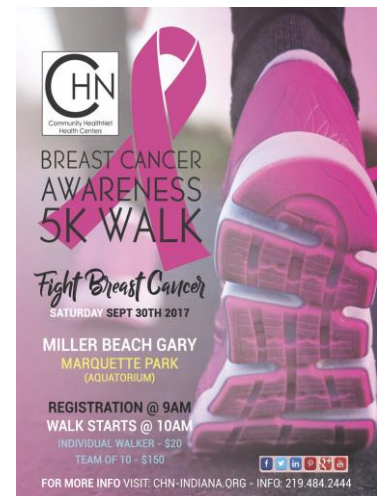
Website: _____

Social Media (Facebook, Twitter, YouTube, etc.): _____

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