



# SPONSORSHIP REGISTRATION FORM

**REGISTRATION DEADLINE MAY 3, 2024**

**RACE DAY**  
**0511**  
**2024**

**PLEASE COMPLETE ALL INFORMATION**

.....  
NAME OF COMPANY/ORGANIZATION

.....  
TEAM NAME

.....  
TEAM CAPTAIN

.....  
EMAIL

.....  
PHONE

.....  
TEAM CO-CAPTAIN (IF DIFFERENT FROM ABOVE)

.....  
EMAIL

.....  
PHONE

.....  
ADDRESS

.....  
CITY/STATE

.....  
ZIP

**SPONSORSHIP PACKAGES**

- PRESENTING SPONSOR ..... \$30,000.00
- PLATINUM SPONSOR ..... \$20,000.00
- GOLD DRAGON SPONSOR ..... \$10,000.00
- SILVER DRAGON SPONSOR ..... \$5,000.00
- IRON PADDLE CHALLENGE RACE ..... \$2,500.00
- HIGH SCHOOL CHALLENGE RACE SPONSOR ..... \$1,500.00
- RACE HEAT SPONSOR ..... \$1,000.00

**PAYMENT**

**Payment Information**

Enclosed is a payment for \$ .....

I cannot attend, but I would like to make a donation in the amount of \$ ..... to Decatur Morgan Hospital Foundation.

**Payment Method**

Checks payable to Decatur Morgan Hospital Foundation.

- MasterCard  Visa  American Express  Discover

.....  
Credit Card Number

.....  
Exp Date

.....  
Name on Card

.....  
Signature

PLEASE RETURN COMPLETED REGISTRATION FORM TO:



Decatur Morgan Hospital Foundation  
PO Box 2239  
Decatur, AL 35609-2239

PHONE: 256.973.2187 FAX: 256.973.2944 EMAIL: foundation@dmhnet.org

Should you prefer to register online, please go to:

**WWW.DECATURMORGANFOUNDATION.ORG**