Benefitting The Delaware County Veterans Memorial



Sunday September 29th | 9am-2pm

9AM-2PM Blood pressure screenings

 Main Line Health will be providing complimentary blood pressure screenings



SWEAT

8:30 AM REGISTRATION TRAIL RUN & KIDS RUN

- \$25 | 5K RUN | 10:30AM
 - \$15 Student Pricing
- \$10 | FAMILY FUN WALK | 11:00 AM
- FREE | Kids Run | 12 NOON
 - 50 Yard Dash | Ages 8 & Under

REGISTER BY 8/30/19
AND BE ENTERED TO WIN
A VACATION FROM



9AM-2PM

FITNESS FESTIVAL | BEER GARDEN KIDS ZONE

- FREE ACCES TO FESTIVAL
- Access To Food Truck & Beer Garden provided by P.I. Whelihans



- FREE Access To Kids Zone
 - Kids Under 12
 - Exercise, Bounce Houses, & Games

REGISTER TODAY

610.400.8722 | WWW.BLOODSWEATCHEERFESTIVAL.COM

Located At The Delaware County Veterans Memorial 4599 WEST CHESTER PIKE | NEWTOWN SQUARE, PA 19073



DCVMA is an IRS 501[c] 3. #20-5041306. not-for-profit corporation and a registered Pennsylvania Charitable Organization

\$5,000 Individual Event Sponsorship September 1st is deadline for inclusion on promotional materials

- Unlimited Free Participants for all events
- Company name and logo prominently placed on all event promotions
- Recognition throughout the event
- Sponsor listing in print materials and on web
- · Recognition on website
- Booth at Vendor Zone
- 4 Trail Run Tickets for Veterans
- Sponsor name or desired designee engraved on group granite marker to be
 placed amongst the landscaping at the Memorial (some restrictions may apply)

□ \$2,500 RED Sponsorship □ \$2,500 RED Sponsorship

September 1st deadline for inclusion on promotional materials

- 10 Free Participants for any event
- Company name and logo prominently placed on all event promotions
- · Recognition on website and day of the event
- Booth at Vendor Zone
- 2 Trail Run Tickets for Veterans
- Sponsor name or desired designee engraved on 12x12 paver (some restrictions may apply)

Credit Card Authorization Form

□ MaterCard □ Visa □ Discover □ AMEX

 \square Other $_$

Billing Address _____

- Cardholder Name _____
- Company Name (if applicable) _____
- City______ State _____Zip____
- Card Number____
- Expiration Date (mm/yy) _____
- 3- Digit Security Code_____
- I, authorize The Delaware County Veterans Memorial to charge my credit card \$

\exists \$1,000 WHITE Sponsorship

- 8 Free Participants for any event
- Recognition on website and day of the event
- Booth at Vendor Zone
- Sponsor name or desired designee engraved on 8x8 paver (some restrictions may apply)

\square \$500 BLUE Sponsorship

- 6 Free Participants for any event
- Recognition on website and day of the event
- Booth at Vendor Zone

Sponsorship \$250 FAMILY Sponsorship

- Any Event Ticket for the family (Max of 4 Tickets)
- · Recognition on website and day of event

Benefitting The Delaware County Veterans Memorial

SUNDAY SEPTEMBER 29th | 9AM-2PM

Located At The Delaware County Veterans Memorial: 4599 West Chester Pike | Newtown Square, PA 19073

P: 610.400.8722 | E: info@bloodsweatcheerfestival.com | WWW.BLOODSWEATCHEERFESTIVAL.COM Make Checks Payable To: DCVMA | PO BOX 183 | NEWTOWN SQUARE, PA 19073