

PARTICIPANT REGISTRATION FORM

Last Name _____
 First Name _____
 Phone _____
 E-mail _____
 Date of Birth _____ Age _____ Sex M F
 Shirt Size (Circle One) S M L XL XXL

Last Name _____
 First Name _____
 Phone _____
 E-mail _____
 Date of Birth _____ Age _____ Sex M F
 Shirt Size (Circle One) S M L XL XXL

CHECK APPROPRIATE LEVEL
 A-Expert B-Intermediate C-Novice D-Family 5K

APPLICANTS MUST SIGN WAIVER:

I certify that I have read the contents of this registration for The Women's Council "Duathlon 2010," sponsored by the Saint Barnabas Health Care System and Monmouth Medical Center Foundation. I have been informed of and understand the risks that may be associated with my participation in the Duathlon and I do hereby assume full and complete responsibility for my actions. I hereby release and hold harmless the Saint Barnabas Health Care System, its affiliates, the Monmouth Medical Center Foundation, its staff, agents from all liability related my participation in "Duathlon 2010." I also hereby grant permission to take photographs of me and I hereby release and hold harmless, Monmouth Medical Center, Monmouth Medical Center Foundation, its officers, agents and employees from any and all liability related to the taking and the use of such photograph(s).

Signature Bike _____
 Date _____
 Signature of Parent (if under 18) _____
 Signature Runner _____
 Date _____
 Signature of Parent (if under 18) _____

_____ My payment is enclosed. (Payable to MMCF/Duathlon.)
 _____ Charge (Check One) Visa MasterCard
 Amex Discover

Card Num. _____
 Exp. Date _____
 Name on Card _____
 Signature _____

Non-Profit Org.
 U.S. Postage Paid
 Permit No. 544
 Monmouth Medical
 Center Foundation

SAINT BARNABAS
HEALTH CARE SYSTEM
 Monmouth Medical Center Foundation

300 Second Avenue
 Long Branch, NJ 07740

ONE ENTRY PER APPLICATION • THIS MAY BE REPRODUCED • NO REFUNDS, EXCHANGES OR TRANSFERS

REGISTRATION & GIVING OPPORTUNITIES

SAINT BARNABAS
HEALTH CARE SYSTEM
 Monmouth Medical Center Foundation



READY...SET...CURE.

SUNDAY, OCTOBER 10, 2010
 SANDY HOOK, NEW JERSEY



RAIN OR SHINE

SAINT BARNABAS
HEALTH CARE SYSTEM
 Monmouth Medical Center Foundation



DUATHLON
 2 0 1 0

Presented by the Women's Council
 to benefit the
 Leon Hess Cancer Center
 at Monmouth Medical Center

SUNDAY, OCTOBER 10, 2010
 SANDY HOOK, NEW JERSEY
 START TIME: 8:00am

Men, Women & Youth 14 and over
 Challenges for Individuals and Teams

All Skill Levels Encouraged to Participate
 Prize Money Awarded to Top Finishers

Pasta Kick-Off Party & Race Packet Pick Up:
 Friday, October 8 – Location TBD

REGISTRATION (9/10-10/6/10 or until full)
 Individual: \$80 Team: \$140
 5K Family Fun Run/Walk: \$15
 RACE FIELD IS LIMITED TO 500

REGISTRATION OPEN
 UNTIL OCTOBER 6!

Honorary Chair: Diane Gooch
 Event Coordinators: Janice Knopf,
 Claire Strouse & Kelly Zaccaro

THANK YOU
for considering sponsorship of
A NEW KIND OF FAMILY FUN!

The Women's Council Duathlon consists of

15K BIKE





5K RUN


OR


All Ages can join us for the
5K FAMILY FUN RUN/WALK


15K = 9.3 miles • 5 K = 3.1 miles

 Be involved in one of the fastest growing sports in the country.

 Position your organization with the healthy lifestyle and lifelong fitness associated with *The Women's Council Duathlon*. Participants range from 14 years of age and over!

 Communicate with 500 athletes and 200 local volunteers.

 Involve your business with the attractive demographics of the average athlete.







 Sponsoring one of these events will place your business/product in front of a prime audience that will support you!

WAYS TO SUPPORT THE RACE


UNDERWRITER OPPORTUNITIES

These are general guidelines. We gratefully accept contributions of any level and will work with your organization to provide adequate recognition for your contributions.


EVENT UNDERWRITER..... \$7500

-  Logo prominently displayed on race T-shirt, web site, and all printed materials
-  Name or company logo printed on all athlete race numbers
-  Prominent listing on finish line banner
-  Optimal visibility in the racers registration and awards ceremony area with an event sponsor banner customized for you to keep
-  VIP booth space at event for promotional materials and giveaways in athlete race packet/bag (promotional items require pre-approval)
-  Event Underwriter is mentioned throughout the event and at awards ceremony


LUNCH UNDERWRITER..... \$6000

-  Name or company logo displayed in lunch tent

HAT UNDERWRITER..... \$5000

-  Name or company logo printed on hat


T-SHIRT UNDERWRITER..... \$4000

-  Name or company logo printed on race T-shirt

BAG UNDERWRITER..... \$2000

-  Name or company logo printed on race bag







WATERBOTTLE UNDERWRITER..... \$1500

-  Name or company logo printed on bottle




Donate money...Donate products or services.

SPONSORSHIP OPPORTUNITIES



GOLD SPONSOR LEVEL..... \$3000

-  Listing displayed on race T-shirt, web site, and all printed materials
-  Listing on finish line banner
-  Optimal visibility with your banner displayed in the racers registration and awards ceremony area
-  Booth space at event (booth provided by sponsor) *Note: promotional items require pre-approval.*
-  Gold sponsors are listed and mentioned throughout the event and at awards ceremony
-  Two complimentary individual entries to the race event


SILVER SPONSOR LEVEL..... \$1000

-  Listing on race T-shirt
-  Listing at racers registration and awards ceremony on Sponsorship Recognition Banner
-  One complimentary individual entry to race

BRONZE SPONSOR LEVEL..... \$500

-  Listing at racers registration and awards ceremony on Sponsorship Recognition Banner
-  Listing of your name or company logo on a Route Marker placed along the Bike and Run portions of the race

ROUTE MARKER SPONSOR..... \$100 PER MARKER

-  Listing of your name or company logo on a Route Marker placed along the Bike and Run portions of the race

SPONSOR REGISTRATION FORM

- Event Underwriter \$7500.00
- Lunch Underwriter \$6000.00
- Hat Underwriter \$5000.00
- T-shirt Underwriter..... \$4000.00
- Bag Underwriter \$2000.00
- Waterbottle Underwriter..... \$1500.00
- Gold Sponsor Level..... \$3000.00
- Silver Sponsor Level \$1000.00
- Bronze Sponsor Level..... \$500.00
- Route Marker Sponsor..... \$100 per marker
_____ Number of Markers

Name/Organization _____

Contact _____

(Please print exactly as you wish it to appear in ALL listings)

Address _____

City/State/Zip _____

Phone _____ Fax _____

E-mail _____

I agree to purchase a sponsorship at the above market level:

Signature _____

_____ My payment is enclosed.
(Make checks payable to MMCF/Duathlon.)

_____ Charge (Check One) Visa MasterCard
 Amex Discover

Card Num. _____

Exp. Date _____

Name on Card _____

Signature _____

Contributions are deductible to the full extent of the law.

Please complete this form and mail or fax to:
Monmouth Medical Center Foundation
300 Second Avenue, Long Branch, NJ 07740
Tel: (732) 923-6886 Fax : (732) 923-6898
www.monmouthfoundation.org
Email: enitis@sbhcs.com

WE THANK YOU FOR YOUR GENEROUS SUPPORT.