

22nd Annual "Victory for Victims" Walk/Run

10K Walk/Run | 8 a.m.

5K Walk/Run | 8:15 a.m.

Canines for C-A-T-S Friendly Dog Walk | 8:30 a.m.

Kids Fun Run | 8:45 a.m.

Saturday, April 13, 2024 at Hansen Dam, Lake View Terrace, CA

Benefiting the Center for Assault Treatment Services (C-A-T-S) & Medical Safe Haven (MSH)

— SPONSORSHIP & UNDERWRITING OPPORTUNITIES —

EXCLUSIVE SPONSORSHIP OPPORTUNITIES

Exclusive Sponsors receive logo recognition on all electronic and printed materials* (social media, website, flyers, electronic banners) and name on Northridge Hospital Foundation's "Gallery of Honor" wall.

PRESENTING SPONSOR..... \$25,000

- Recognition on all event materials
- Logo on center top back of custom souvenir t-shirts
- 30 complimentary walk/run participants

FINISHING MEDAL SPONSOR..... \$15,000

- Exclusive name or logo on all finishing medal lanyards
- 20 complimentary walk/run participants

CANINES FOR C-A-T-S FRIENDLY DOG WALK SPONSOR... \$15,000

- Logo on back of souvenir t-shirt
- 10 complimentary walk/run participants

T-SHIRT SPONSOR..... \$10,000

- Name or logo printed on the front of souvenir t-shirts
- 15 complimentary walk/run participants

EVENT TIMING SPONSOR..... \$5,000

- Logo on the back of souvenir t-shirts
- 5 complimentary walk/run participants

SORRY, I AM UNABLE TO ATTEND, BUT PLEASE ACCEPT MY DONATION OF \$ _____

**All logos are to be submitted in an EPS, AI, CDR or PDF (vector based) format with fonts outlined for proper recognition before April 1, 2024 (for printed materials).*

Please make checks payable to:

Northridge Hospital Foundation with C-A-T-S in the subject line
Federal Tax ID #: 23-7444901

Please bill my: Visa MC AMEX \$ _____ Exp. Date: _____

Credit Card # _____ CV# _____
(or contact 818.885.5341 ext. 3 for secure credit card transmission)

Signature: _____

Business Name: _____
(As you wish it to appear on event publicity)

Contact Name: _____

Address: _____

City: _____ St. _____ Zip: _____

Phone: _____ Email: _____

Mail to:
Northridge Hospital Foundation/C-A-T-S Date _____
18300 Roscoe Blvd.
Northridge, CA 91328 Phone: (818) 785-4525

Email: Jennifer.Sabino@commonspirit.org

UNDERWRITING OPPORTUNITIES

Underwriting Sponsors receive signage appropriate to the sponsorship selected below and logo recognition on all electronic and printed materials.

COFFEE SPONSOR..... \$2,500

BIB SPONSOR..... \$2,000

TEAM PHOTO BOOTH SPONSOR..... \$1,500

CANINES FOR C-A-T-S PHOTO BOOTH SPONSOR... \$1,500

MASSAGE SPONSOR..... \$1,000

WATER STATION SPONSOR..... \$500

MILE MARKER SPONSOR..... \$250

INDIVIDUAL PARTICIPIATION

WALK / RUN PARTICIPANT..... \$40

10K Begins at 8:00 AM 5K Begins at 8:15 AM

Male Female Other (self-identify) _____

T-Shirt Size _____

CANINES FOR C-A-T-S FRIENDLY DOG WALK..... \$25

Begins at 8:30 AM (Includes Bandana & Dog Walk Finisher Medal)

DOG WALK COURSE PHOTO MARKER..... \$25

KIDS FUN RUN..... \$25

Begins at 8:45 AM (age 9 and under)

Youth T-Shirt Size _____

For more information about this event visit us online at supportnorthridge.org/v4v2024



Dignity Health.

Northridge Hospital Medical Center
Center for Assault Treatment Services

The Center for Assault Treatment services (C-A-T-S) provides forensic medical evidentiary examinations and interviews at no cost to victims of sexual assault, domestic violence, and human trafficking.

The Medical Safe Haven (MSH) is the only program of its kind in Los Angeles that provides integrated medical and mental health treatment to human trafficking victims.

STANDARD WAIVER:

In consideration of your accepting this entry, I, the below signed, intending to be legally bound, for myself, my heirs, my executors and administrators, waive and release and any all rights and claims for damages I may have against the race, and sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace, that I am physically fit and sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature of Participant or Guardian if under 18

Date