



Bed Races

DATE: Saturday, October 5th, 2019
LOCATION: Lone Star College, Montgomery

MONTECARLO SPONSOR - \$5,000 (LIMIT 1)

- Named Event Sponsor with signage
- Verbal recognition during event
- Logo on Family Promise homepage
- Special recognition gift for sponsor
- Recognition on all Event Advertisement
- 20 People's Choice tickets
- Logo on event webpage
- Logo on e-blast and Facebook page
- 1 sponsored team for event

CHECKERED FLAG SPONSOR - \$2,500

- Special recognition gift for sponsor
- Recognition on all Event Advertisement
- Logo on signage at event
- 10 People's Choice tickets
- Logo on event webpage
- Logo on e-blast and Facebook page
- 1 sponsored team for event

PACE CAR SPONSOR - \$1,000

- Logo on signage at event
- 5 People's Choice tickets
- Logo on event webpage
- Logo on e-blast and Facebook page
- 1 sponsored team for event

QUALIFER SPONSOR - \$500

- Logo on event webpage
- Logo on e-blast and Facebook page
- 1 sponsored team for event

INDIVIDUAL TEAM REGISTRATION FEE: \$150

People's Choice tickets will be sold for \$1.00 a ticket the day of the race.
Team with the most People's Choice tickets will win Best Decorated!



Family Promise[®] of Montgomery County

Building communities, strengthening lives.

MISSION: To serve homeless families with children by uniting faith communities in a cooperative effort to provide shelter, meals, transportation, and compassionate assistance leading to independence.

SPONSORSHIP FORM

Family Promise Tax ID: 76-0669722

I would like to be a _____ SPONSOR!

Please See Bed Race Website for Sponsorship Information

Checks can be made out to: Family Promise of Montgomery County

Payments by credit card: <https://conta.cc/2Yj12sX>

I cannot be a sponsor at this time but would like to register my team for the Bed Race (\$150 Fee).

I cannot participate in the Bed Race and am sending a direct donation to Family Promise!

Name: _____

Mailing address: _____

Phone: _____

Email: _____

Payment Amount: \$ _____

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: _____

Expiration Date: _____

I would like to make this a recurring donation: YES NO

Type: Monthly Quarterly Yearly

FOR SPONSORSHIPS

Company Name: _____

Website: _____

Facebook Page: _____

TEAM REGISTRATIONS:

Team Name: _____

Team Member 1 Name: _____

Phone: _____

Team Member 2 Name: _____

Phone: _____

Team Member 3 Name: _____

Phone: _____

Team Member 4 Name: _____

Phone: _____

Team Member 5 Name: _____

Phone: _____

Please make a copy of this form for your records and mail form to:

Family Promise of Montgomery County

PO Box 692

Conroe, TX 77305

For questions or additional information, please call: (936) 441-8778. Thank you for your support!