



# Bed Races

**DATE: Saturday, October 5<sup>th</sup>, 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!



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!