



## SPONSORSHIP AGREEMENT

### Orlando Health Windermere Run Among The Lakes

**EVENT DATE:     SATURDAY October 15, 2022 7:00 AM**

**SPONSOR        BUSINESS NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**SPONSORSHIP LEVEL:**

**Presenting Sponsor...** ..... **\$3,000.00**

**Associate Sponsor** ..... **\$1,500.00**

**Patron Sponsor...** ..... **\$500.00**

**Friends of The Run Sponsor** ..... **\$200.00**

**SPECIAL REQUESTS OR INSTRUCTIONS:** \_\_\_\_\_

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Payable to: Town of Windermere, 614 Main St., Windermere, FL 34786

Attn: Theresa Syphers (407) 876-2563x5321 [tsyphers@town.windermere.fl.us](mailto:tsyphers@town.windermere.fl.us)

Payment: \$\_\_\_\_\_ o VISA o MasterCard o Discover o Check: No.

Credit Card Number \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

By signing below you are in agreement with the terms stated herewith, and to charge the credit card *if applicable*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAYOR  
JIM O'BRIEN

THE TOWN OF  
**Windermere**



TOWN MANAGER  
ROBERT SMITH

CLERK  
DOROTHY BURKHALTER

**614 MAIN STREET, WINDERMERE, FL 34786  
407-876-2563**