



SPONSORSHIP AGREEMENT

Orlando Health Windermere Run Among The Lakes

EVENT DATE: SATURDAY October 14, 2023 7:00 AM

SPONSOR BUSINESS NAME: _____

ADDRESS: _____

PHONE: _____

CONTACT NAME: _____

EMAIL: _____

SPONSORSHIP LEVEL:

Medals Sponsor.....\$5,000.00

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

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

Patron Sponsor.....\$500.00

Friends of The Run Sponsor.....\$250.00

SPECIAL REQUESTS OR INSTRUCTIONS: _____

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

Attn: Theresa Syphers (407) 876-2563 X 5322, 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: _____ CVV: _____

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
OFFICE: (407) 876-2563