Jake’s Pack 5K Run-Walk is held in memory of Michael “Jake” Burkhardt, who was tragically killed in an automobile accident on January 25, 2016. Jake was an active young man who enjoyed hiking, campfires, listening to music and spending time with his friends. Jake will be remembered as a kind and happy person with a great smile. He always knew when someone needed help and was always there to help. The race was started by Jake’s family and friends as a way to keep Jake’s memory alive by supporting what was important to him. Proceeds will be used to support the Michael “Jake” Burkhardt Memorial Student Leadership Fund which supports scholarships for high school students looking to pursue degrees in science and environmental studies.

<table>
<thead>
<tr>
<th>Sponsor Type</th>
<th>Recognized in Newsletter and Website</th>
<th>Promotional Materials in Race Packets</th>
<th>Company Name in Press Release</th>
<th>Logo on Back of Race Shirts</th>
<th>Comp Race Entries</th>
<th>Table at Event</th>
<th>Logo and Name on All Collateral and Promotional Items</th>
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<tbody>
<tr>
<td>Title Race Sponsor</td>
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<td>Finish Line Sponsor</td>
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<td>Community Sponsor</td>
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2020 SPONSORSHIP COMMITMENT

We wish to become a sponsor at the following level:

_____ $1000 Title Race Sponsor  _____ $500 Pack Sponsor
_____ $250 Mile Marker Sponsor  _____ $100 Finish Line Sponsor
_____ Community Sponsor (In-Kind Sponsor by providing):

______________________________________________________________

COMPANY CONTACT INFORMATION

Company Name: __________________________________________________
Contact Name: __________________________________________________
Address: _______________________________________________________
City/State/Zip: _________________________________________________
Phone: __________________ Fax: ________________________________
Email: ________________________________________________________

Sponsor Name listed as:

______________________________________________________________

☐ Our company plans to send materials/giveaways for the participant race packets.

PAYMENT OPTIONS

☐ Check (Make payable to Lacawac Sanctuary)

Please invoice us at the address provided above
☐ Credit Card: ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Please charge the following credit card number in the amount of $ _______
Name of Credit Card: _____________________________________________
Billing Address: _________________________________________________
Acct Number:_________________________ Exp. Date___/___ CVV: ____
Signature:_________________________________ Date ________________

Please provide T-Shirts of the following sizes:

(Title Race - 5 shirts, Trail - 3 shirts, Mile Marker - 2 shirts and Finish Line - 1)

_____ Small _____ Medium _____ Large _____ X-Large _____ XXL