

**THE SPRINGHILL MEDICAL CENTER
GRANDMAN TRIATHLON
June 5, 2010 - Fairhope, AL**

Event Sponsorship Form

Name of company: *(please print)* _____

Contact Name: _____ **Phone:** _____

E-Mail Address: _____

Mailing/Street Address: _____

City, State & Zip Code: _____

Business Website Address: _____

Sponsorship Level:

Title Sponsor – Springhill Medical Center

Pre-Race Dinner Sponsor (\$5,000)

Transition Area (\$3,500)

Poster (\$1,250)

T-shirt (\$1,000) – Must respond by May 1st, 2010

Post Party Sponsor (\$250, in-kind or cash)

Friend (\$100)

In order for your business name to appear on the official race poster as a race sponsor, all paperwork must be received no later than March 15, 2010.

**Please e-mail your company logo to djordan@mobilebaykeeper.org.
Please make checks payable to The Grandman Triathlon-Mobile Baykeeper.**

Submit checks and a copy of the above order form to:

**Mobile Baykeeper
300 Dauphin Street, Suite 200
Mobile, AL 36602**

Thank you for your support!