



## Booth Sponsor Form

Company/Sponsor Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

E:MAIL: \_\_\_\_\_

Please reserve (check one):  10x10 tent with two chairs for \$300

10x20 tent with four chairs for \$500

Give-Away Items (check one):  We will be providing items to give away

Please provide items for us to give away

Please indicate any special conditions related to your booth request: \_\_\_\_\_

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Please enclose your check or money order made payable to **CancerFree KIDS** and mail to:

Reason to Run 5K  
10725 SW 73<sup>rd</sup> Avenue  
Miami, FL 33156