

# LET'S WALK

**SATURDAY. OCTOBER 29, 2022**

Ojai Valley Community Hospital  
1306 Maricopa Hwy., Ojai

## Sponsorship Packages

All Sponsorships must be submitted by Oct. 4, 2022 to be included in printed materials



### Let's Walk Together

8:00 am Registration Opens

8:30 am Walk Begins at the Hospital

PETS ON LEASHES ARE WELCOMED!

### TAKE THE FIRST STEPS TOWARD A HEALTHY LIFESTYLE

For more information regarding early registration and sponsorship opportunities, please contact

Ojai Valley Community Hospital Foundation at  
**805.640.2317 or [www.octoberclassic.org](http://www.octoberclassic.org)**

The Ojai Valley Community Hospital Foundation  
is a 501(c)(3) tax-exempt organization.  
Tax I.D. #20-1982135

## Title Sponsors - \$10,000

OJAI VALLEY COMMUNITY HOSPITAL PHYSICIANS

## Team Sponsors - \$1,000

- Prominent name recognition at start of walk.
- Name recognition on event tee shirts.
- Event table display
- Name display on all advertisements including social media and the Ojai Valley News
- Unlimited entries for staff, family and friends

## Tee Shirt Sponsors - \$500

- Name recognition on event tee shirts.
- Event table display
- Name display on all advertisements including social media and the Ojai Valley News
- Unlimited entries for staff, family and friends
- Unlimited entries for staff, family and friends

## Community Sponsors - \$250

- Event table display
- Name display on all advertisements including social media and the Ojai Valley News
- Unlimited entries for staff, family and friends

## Friend of the Hospital - \$100

- Name display on all advertisements including social media and the Ojai Valley News
- Unlimited entries for staff, family and friends



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# SPONSORSHIP SELECTION

Please complete this form and send to:  
OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone (        ) \_\_\_\_\_

Email \_\_\_\_\_

**Please select a Sponsorship level. Your gift is tax deductible.**

TEAM SPONSOR - \$1,000

COMMUNITY SPONSOR - \$250

TEE SHIRT SPONSOR - \$500

FRIEND OF THE HOSPITAL - \$100

Payment Method:  Visa  MasterCard  AMEX  Check

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

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

Please make checks payable to OVCHF. TOTAL FEE \$ \_\_\_\_\_

Your name(s) as you would like \_\_\_\_\_

to appear on printed materials \_\_\_\_\_

**List participants** (Please list all participants and shirt size (S,M,L, XL, XXL Unisex))

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

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## REGISTRATION FORM

Please complete this form and send to:

OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023

**LIABILITY WAIVER** (must be signed): In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages I may have against the City of Ojai and the Ojai Valley Community Hospital Foundation (and any affiliate entity thereof). I have read and understood everything written above.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**List participants** (Please list all participants and shirt size (S,M,L, XL, XXL Unisex Shirts))

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Tee Shirt Size \_\_\_\_\_

**PARTICIPATION IS FREE**

However, I would like to make a donation to support our Ojai Community Hospital  
Amount \$ \_\_\_\_\_

Payment Method:  Visa  MasterCard  AMEX  Check

Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

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

Please make checks payable to OVCHF. TOTAL FEE \$ \_\_\_\_\_

Mail to: OVCHF, 1301 Maricopa Highway, Suite A, Ojai, CA 93023

**8 am Registration**  
**8:30 am Walk Begins at the Hospital**  
 Join us for a walk down the bike path towards town, you set your own pace.  
 Snacks, Prizes, and Socializing following the walk back at the Hospital.

**Take the First Steps Toward a Healthy Lifestyle**  
 For more information contact:  
 805-640-2317 or [www.octoberclassic.org](http://www.octoberclassic.org)

