

# WALK RUN RECOVER



EASTERN LONG ISLAND HOSPITAL  
**FOUNDATION**  
YOUR HEALTH. OUR COMMITMENT.

# 5K

## 8<sup>TH</sup> ANNUAL 5K FAMILY WALK/RUN

SUNDAY, OCTOBER 20, 2024

ORIENT BEACH STATE PARK

8:15 AM TO 8:45 AM - CHECK-IN

9 AM - WALK/RUN START TIME

9:30 AM - KIDS 1/2 MILE FUN RUN

FUN FAMILY EVENT :: ACTIVITIES FOR KIDS

AWARDS CEREMONY :: POST-RACE PARTY

Join the 5K Walk/Run to benefit Behavioral Health Inpatient and Outpatient programs at Stony Brook Eastern Long Island Hospital! Your participation supports efforts to provide comprehensive care for individuals seeking treatment for behavioral health and substance use disorders. Together, we can make a difference in the lives of those in need of support and healing.



**SCAN TO REGISTER TODAY**

For more information please call (631) 477-5164.

Visit <https://runsignup.com/Race/Info/NY/Orient/ELIH5K>



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201 Manor Place, Greenport, NY 11944  
(631) 477-5164  
[elihfoundation.org](http://elihfoundation.org)

# SPONSORSHIP OPPORTUNITIES

All sponsors will receive company name/logo on event web page and on back of event t-shirts.

## GREEN RIBBON SPONSOR \$5,000

- Company name and logo prominently listed in all promotional materials
- Company name and logo prominently listed on the front of event t-shirts
- Complimentary team participation for all company employees

## CROSS COUNTRY SPONSOR \$2,500

- Company name and logo listed in all promotional materials
- Complimentary team participation for up to twenty (20) company employees

## LONG DISTANCE SPONSOR \$1,500

- Complimentary team participation for up to ten (10) company employees

## HALF MARATHON SPONSOR \$1,000

- Complimentary team participation for up to eight (8) company employees

## RACE WALKER SPONSOR \$550

- Complimentary team participation for up to six (6) company employees

## POWER WALKER SPONSOR \$300

- Complimentary team participation for up to four (4) company employees

## INDIVIDUAL REGISTRATION

Adults (Ages 13+) \$30 :: Kids (Ages 6-12) \$10  
Includes t-shirt and race day refreshments

### SPONSORSHIP OPPORTUNITIES

Green Ribbon \$5,000  Cross Country \$2,500  Long Distance \$1,500  Half Marathon \$1,000  Race Walker \$500  Power Walker \$250

### WALKER/RUNNER REGISTRATION

# \_\_\_\_\_ Adults (Ages 13+) x \$30 = \$ \_\_\_\_\_  # \_\_\_\_\_ Kids (Ages 6-12) x \$10 = \$ \_\_\_\_\_

I cannot attend but wish to make a contribution in the amount of \$ \_\_\_\_\_

Name: \_\_\_\_\_ Company/Title: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to pay by (check one):  Cash  Credit/Debit Card  Check (made payable to **ELIH Foundation - Walk/Run**)

Credit Card (check one):  MasterCard  Visa  American Express  Discover

Name on Card: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

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

Cardholder's Signature: \_\_\_\_\_

Please send completed form with check made payable to **ELIH Foundation - Walk/Run** and mail to  
ELIH Foundation Office, 201 Manor Place, Greenport, NY 11944 or email to linda.sweeney2@stonybrookmedicine.edu  
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