

FOURTH ANNUAL

ADAM THOMPSON

5 K RUN / WALK

Adam Thompson, 19, was tragically killed in an auto accident in April 2011. He was a 2010 graduate of North Harford High School and was attending Harford Community College at the time of his death. He is the son of Roy and Pat Thompson. Adam's mother, a nurse, has worked at University of Maryland Upper Chesapeake Health for 30 years and is a part-time nursing instructor at Harford Community College. To honor Adam, two scholarship opportunities have been established in his name; one through Harford Community College and the other through The Upper Chesapeake Health Foundation. It is the hope of Adam's parents that others can realize their dream of attending college.

Check Total \$ _____

(Make checks payable to HCC Foundation, Inc.)

Please send an invoice to the address listed on the front side of this form.

**If you would like to charge your payment please go to
www.harford.edu/adam**

Name _____

Address _____

City _____ State _____ Zip _____

Contributions benefit Harford Community College and are administered by the Harford Community College Foundation, Inc. Gifts to the Foundation qualify as charitable contributions to an IRS Section 501(c)(3) public charity for federal income, estate and gift tax purposes. Your contribution is deductible to the fullest extent allowed by law.

A copy of the Foundation's current audited financial statement is available upon request at the Harford Community College Foundation, Inc., 401 Thomas Run Road, Bel Air, MD 21015. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary of State, State House, Annapolis, MD 21401 for the cost of copying and postage.

**Harford Community College - Office of College & Alumni Development
401 Thomas Run Road, Bel Air, MD 21015**

For more information, please call 443-412-2449 or email jrozankowski@harford.edu

**For more information about The Upper Chesapeake Health Foundation
call 443-643-3460 or email ufoundation@uchs.org**

FOURTH ANNUAL

ADAM THOMPSON

5 K RUN / WALK

Sunday, April 26, 2015



Campus of
Harford Community College

Elite Race Management
USA Track & Field sanctioned 5k Course

Day-of Registration 6:30 a.m.
Harford Community College -
Susquehanna Center
Race begins at 8:00 a.m.

Packet pick-ups available:
April 24, 2015, 3-6 p.m. at
UM Harford Memorial Hospital

April 25, 2015, 9-11 a.m. at
UM Upper Chesapeake Medical Center

T-shirts awarded to the first 400 participants
registered. Prizes awarded to top finishers.



THE UPPER CHESAPEAKE
HEALTH FOUNDATION

HARFORD COMMUNITY COLLEGE

Proceeds from the Adam Thompson Memorial 5K Run/Walk will benefit The Harford Community College Foundation and The Upper Chesapeake Health Foundation; offering scholarship opportunities to local students and children of University of Maryland Upper Chesapeake Health Team Members.

Sponsorship Opportunities

(Note: Sponsorships must be confirmed by April 7 in order to be included on Event Signage and Event T-shirts.)

Gold Sponsor - \$2,500

- Premier positioning of your name or corporate logo on event signage and event t-shirts;
- Recognition on the Harford Community College website and The Upper Chesapeake Health Foundation website;
- Acknowledgement in all pre- and post-event publicity;
- Recognition at event from master of ceremonies;
- Opportunity to distribute marketing materials/giveaways to event participants;
- Opportunity to provide signage to be displayed at event (banner to be provided by sponsor); and,
- Four complimentary event registrations.

Silver Sponsor - \$1,000

- Recognition of your name or corporate logo included on event signage and event t-shirts;
- Recognition at event from master of ceremonies;
- Opportunity to distribute marketing materials/giveaways to event participants; and,
- Opportunity to provide signage to be displayed at event (banner to be provided by sponsor).

Bronze Sponsor - \$500

- Recognition of your name or corporate logo on event signage and event t-shirts; and,
- Recognition at event from master of ceremonies.

Gifts of \$250 or greater will receive acknowledgement on event t-shirts.

Registration Form

Runners and Walkers are encouraged to register online at www.harford.edu/Adam or complete & submit the form below by 04/23/2015. Note: T-shirts are limited to the first 400 participants registered.

Name _____

Address _____

Phone _____

Email _____

Date of Birth (mm/dd/yy) _____ Male Female

- General Public: \$25 - if registered prior to 5:00 p.m. on 04/23/2015. Note: Registration must be received prior to 04/23/2015 in order to be included as a pre-registered participant. **General Public will be charged \$35 if registering on the day of the event.**

HCC Students & Employees: \$15

UM UCH Team Members: \$15

Under18 With Registered Adult: \$10

**Please make checks payable to: HCC Foundation, Inc.
Mail to: 401 Thomas Run Road, Bel Air, MD 21015**

I will be participating as a: Walker Runner

I will be participating: as an Individual on a Team

If on a team: Team Captain's Name: _____

Team name, if applicable: _____

Note: Prizes awarded for the largest team and highest fundraising team.

Age:

19 & Under 20-29 30-39 40-49 50-59 60 & Over

Shirt Size: Small Medium Large XLarge

In addition to my registration, I would like to make a donation of:
\$ _____

I wish to support a participant by making a gift of:

\$ _____ Participant's Name: _____

I would like to serve as an event sponsor at the following level:

\$2,500 Gold \$1,000 Silver

\$500 Bronze \$250 Friends

I am unable to sponsor the Adam Thompson 5k Run Walk; however, please accept my gift of \$ _____ to support the Adam Thompson Memorial Scholarships. Note: Gifts of \$250 or greater will be acknowledged on event t-shirts. Check here if you wish to remain anonymous.

Waiver: In consideration of the acceptance of my entry, I, for myself, my executors, administrators and assignees, hereby release and discharge Harford Community College, UM Upper Chesapeake Health, USA Track & Field and all sponsors, volunteers and associates of all claims of damages, demands, and/or actions whatsoever in any manner arising out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and am physically fit and sufficiently trained to participate in this event.

Signature _____ Date _____

If you anticipate needing any type of accommodation or have questions about the physical access provided, contact HCC Disability Support Services at 443-412-2402 at least 10 days prior to event. See reverse side for financial form.