

2025 CENTRAL FLORIDA HEROES



**Saturday,
November 8, 2025
7:30 a.m.**

**Tom Fellows
Community Center
207 North Boulevard West
Davenport, 33837**

**Please contact your
account representative or
Donna Fellows-Coffey at
dfellows-coffey@d-r.media
or 863-533-4183**

Commitment Form

Contact Information: _____

Contact Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Website: _____

SPONSORSHIP LEVEL

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☐ Honoring Our Heroes Sponsors ☐ Participant Packet Pick Up Sponsor
☐ Participant Bib Sponsor ☐ Silver Star Sponsor ☐ Water Sponsor ☐ Grand Marshal Sponsor
☐ Mile Marker Sponsor ☐ Bronze Star Sponsor ☐ Bag Sponsor ☐ Booth Sponsor

Payment Information:

I/We understand that if we fail to fulfill this agreement we are still responsible for payment and will be charged for sponsorship or booth selected.

☐ Please Invoice ☐ Credit Card ☐ Check Enclosed *(Please make checks payable to D-R Media)*

Credit Card#: _____

Expiration Date: _____ **CCC/Security Code:** _____

Billing Address: _____

Signature: _____