



# Event Support Worksheet



Event Name: \_\_\_\_\_

Event Date - MM/DD/YY: \_\_\_\_\_

Day of Week: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Event: \_\_\_\_\_

Prior year 18 & Under Participation #: \_\_\_\_\_

Goal #: \_\_\_\_\_

**Public Contact - Name:** \_\_\_\_\_

**Media Contact - Name:** \_\_\_\_\_

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

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

Day of Cell: \_\_\_\_\_

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

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

Organization: \_\_\_\_\_

Event Web Site: \_\_\_\_\_

Event support is available in the following areas for Alaska sporting events that incorporate a youth element and are officially recognized by the Healthy Futures advisory committee as part of the Healthy Futures event series.

**Please contact Bonny Sosa, [bsosa@gci.net](mailto:bsosa@gci.net) or 830-1204, at least 6 months prior to the event** and set a meeting to outline specific areas of Healthy Futures sponsorship and promotional support.

Healthy Futures, 2211 Lincoln Avenue, Anchorage, AK 99517

## Marketing and Public Relations.

## Timeline

1. Submit the event to local calendars at least one month prior to the event

- Newspaper  
  Daily News  
  The Press  
  Local CVB  
  TV News  
 Turnagain Times  
  Alaska Star  
  The Pulse  
  ADNPlay section  
  other \_\_\_\_\_

2. Include event on HF school poster:  Fall Semester Poster    Spring Semester Poster

3. List the event on the Healthy Futures Web site:  Yes    No

- Include link to online registration form and/or actual form in pdf or Word

4. List event in annual Alaska Runners Calendar Healthy Futures Ad.  Yes    No

Provide event details to Rebecca Reichlin ([reichlin@acsalaska.net](mailto:reichlin@acsalaska.net)) by Nov. 15.

Note: In addition to inclusion in the ad, Healthy Futures will also pay to list all running events in the actual calendar.

## Marketing and Public Relations continued.

Timeline

5. Send a news release 10 days prior to the event to radio, newspapers and TV  Yes  No

What Angle? ie: Special human-interest story

6. Send a media alert within one day prior to the event, and follow up with a phone call to TV and Newspapers  Yes  No

7. Distribute results, follow-up story and/or photos to appropriate Newspaper  Yes  No

List Publications:

8. Professionally \*photograph the event  Yes  No

\*Note: Please include a "Model Release" box on registration form. See attached.

Contact Lisa Gill, [lisagill@gci.net](mailto:lisagill@gci.net) or 360-4775, to arrange marketing and promotional support at least 2 months prior to the event.

## Registration and Course Materials.

Timeline

Assist with registration/waiver form\*  Yes  No

Do you offer a scholarship or financial aid  Yes  No

Deadline for entries - (Date): \_\_\_\_\_

Will it be linked from HF Web site as a PDF form:  Yes  No

**Provide:** Bibs:  Yes  No, If Yes - #: \_\_\_\_\_

Ribbons:  Yes  No, If Yes - #: \_\_\_\_\_ OR Medals:  Yes  No, If Yes - #: \_\_\_\_\_

Comments:

Healthy Futures Spokesperson appearance/kick-off:  Yes  No

Comments

**Provide:** Barricades/sandwich boards (6):  Yes  No

Flagging:  Yes  No

Banners:  Yes  No

Comments



# Event Participation Requirements



## Officially Recognized Healthy Futures Events Will:

- Include Healthy Futures Logo on registration/waiver forms for officially recognized Healthy Futures events.
- Provide open registration for anyone under 18.
- Give Healthy Futures access to registration form at least three weeks prior to event.
- Provide 18 and under registration data to Healthy Futures within one week after the event.
- Recognize ConocoPhillips Healthy Futures as an event sponsor

**Question:** What level of sponsorship will Healthy Futures be recognized at?

## Will this...

Include Healthy Futures Logo on event banners:  Yes  No

Include Healthy Futures Logo on posters, flyers and all other promotional items:  Yes  No

Healthy Futures Logo on event t-shirts:  Yes  No

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## \*Sample Registration Form

### REGISTRATION: (Please, one form per Kid)



Child's Last Name:	First:	DOB:	Age:	Shirt Size: <input type="checkbox"/> Child <input type="checkbox"/> Adult Circle One: xs s m lg xl
Parent's Last Name:	First:	Phone(s):		
Mailing Address:	City	State	Zip	
E-mail Address:	Parent Signature (Approval of Waiver)			

**Waiver:** In consideration of your acceptance of this registration, I the undersigned, intend to be legally bound, hereby, for myself, my heirs, executors an administrators, waive and release all rights and claims against the persons or organizations associated or affiliated with this program, their representatives, successors, and assign. I attest that my child is physically fit for this program. The undersigned further grants full permission to the ACME Event and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Applications for minors will be accepted only with a parent's signature.

**Please enclose a check for \$XX per child (yes, you may use one check per family) payable to XXXXXX.**

**MAIL TO: YOUR Event  
P.O. Box XXXXXX  
Your Town, AK XXXXX**