

2026 SPONSORSHIPS & REGISTRATION

Step Up for
The Arc Rockland



Clover Stadium

Home of the New York Boulders

1 Phil Tisi Way
Pomona, NY 10970

8:30am Registration/check in
9:00am Stretching and warm up
9:30am Step off
9:30-10:30am Walk around the field
10:30am Post walk celebration

Sponsorship Benefits	SOLD Presenting \$5,000	Platinum \$2,500	Gold \$1,000	Silver \$500
Number of registrants	20	10	4	2
Exclusive customized banner displayed at event	✓			
Speaking role during welcome remarks	✓			
Logo on The Arc Rockland's website home page	✓	✓		
Walk sign placed along the start of the walk	✓	✓		
Sponsor recognized during welcome remarks	✓	✓	✓	
Logo featured on event t-shirts	✓	✓	✓	
Sponsor name listed on banners at event	✓	✓	✓	✓
Logo featured on event materials	✓	✓	✓	✓
Logo on The Arc Rockland's event web page	✓	✓	✓	✓
Recognition on social media posts	✓	✓	✓	✓

Walk Sign Custom sign placed along the stadium and field..... \$100



Visit TheArcRockland.org to
register online or scan the QR code



Questions?

Contact Colleen Smith
845.905.6527

CSmith@TheArcRockland.org



\$5,000 Presenting Sponsor



\$2,500 Platinum Sponsors



\$1,000 Gold Sponsors



\$500 Silver Sponsors



Registrant Information

Name _____
Company/Organization _____
Address _____
City _____ State _____ Zip _____
Email _____
Mobile Phone _____

RSVP by
Oct 16

Sponsorships

\$5,000 Presenting \$2,500 Platinum \$1,000 Gold \$500 Silver

\$100 Walk Sign (Name on Sign: _____)

Sponsorship Amount \$ _____

Registration

Walk Reg. (5 & under free - no shirt or goodie bag) # of reg _____ x \$25 \$ _____

Please list name(s) of your walkers and shirt sizes (included with paid registration):

Youth sizes: YM and YL; Adult sizes: AS, AM, AL, AXL, AXXL, AXXXL

1 _____ Shirt Size _____
2 _____ Shirt Size _____
3 _____ Shirt Size _____
4 _____ Shirt Size _____

☐ I am unable to attend, but would like to donate \$ _____

(For additional registrations and t-shirts, call
845-905-6527)

TOTAL AMOUNT \$ _____

Payment Information

\$ _____ Check payable to: **The Arc Foundation of Rockland**

Please charge \$ _____ to my:



I agree to cover the credit card fee (approximately 3.5%)

Card # _____ Exp. Date _____

Cardholder Name _____ CVC Code _____

Signature _____ Today's Date _____

Mail Payment and Form to: **The Arc Foundation of Rockland**

210 Route 303

Valley Cottage, NY 10989

A complimentary 1-year membership to The Arc Rockland is included with your event registration. Your membership supports our advocacy for people with intellectual and developmental disabilities.

☐ **Opt Out** - Please DO NOT include me as an Arc Rockland member.