

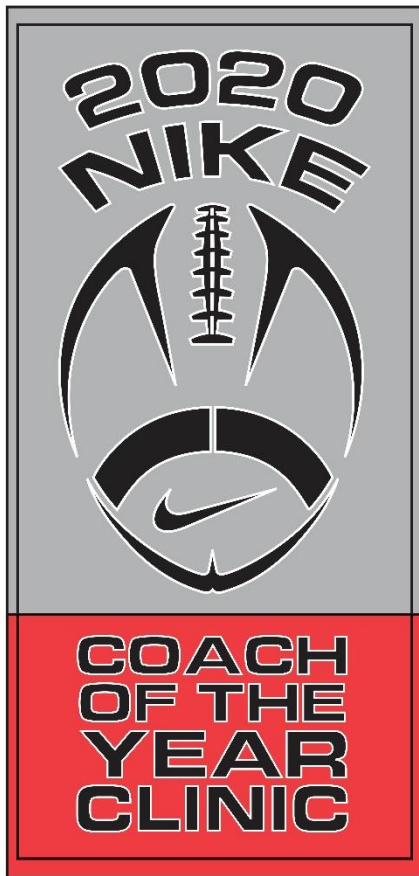


2020

# ALLENTOWN-BETHLEHEM NIKE COACH OF THE YEAR CLINIC SPONSOR/EXHIBITOR PACKAGE



**JAMES FRANKLIN**  
Penn State



FEATURED NIKE COACHES SET  
TO TALK FOOTBALL AND  
PASSION FOR THE GAME

TO TALK FOOTBALL AND  
PASSION FOR THE GAME



**JEFF MONKEN**  
Army



**RYAN DAY**  
OhioState



**DINO BABERS**  
Syracuse

*BRINGING BACK THE NATION'S PREMIERE  
COACHES CLINIC*

**WIND CREEK-BETHLEHEM  
FEBRUARY 28<sup>TH</sup> & 29<sup>TH</sup>**

*ATTRACTING HUNDREDS OF HIGH SCHOOL  
AND YOUTH COACHES FROM ACROSS  
PENNSYLVANIA AND NEW JERSEY*

PROCEEDS  
BENEFIT

THE FIVE STAR HEART PROJECT.  
[www.thefivestarheartproject.org](http://www.thefivestarheartproject.org)



INSPIRE  
ENERGIZE  
INFLUENCE

[www.nikecoyfootball.com](http://www.nikecoyfootball.com)

## 2020 SPONSORSHIP/EXHIBITOR LEVELS

**\*Includes all benefits specified in previous levels**

### Letterwinner (LW) \$250-\$499

- Recognition in the 8 x10” clinic brochure
- Recognition on sponsorship signage to be displayed on easels located at entrance of the clinic

**SPONSORSHIP/EXHIBITOR COMMITMENT  
DEADLINE: MONDAY, FEBRUARY 24<sup>th</sup>**

### Honorable Mention (HM) \$500-\$999\*

- Opportunity to place a booth at the clinic; *NIKE Coach of the Year (COY) Clinic to provide (1) 6 ft. table and (2) chairs*
- Recognition on the NIKE Coach of the Year (COY) website <https://www.nikecoyfootball.com/clinics/view/84> with reciprocal link to your company’s website
- Friday and Saturday morning breakfast provided by Nike COY Clinic

### All-Conference (AC) \$1,000-\$2,499\*

- Recognition at the Saturday morning clinic breakfast by the clinic director along with signage at the breakfast provided by NIKE COY Clinic
- Recognition on various social media outlets (e.g. Twitter, Facebook, Instagram)

### All-American (AA) \$2,500-\$4,999\*

- Opportunity to promote a “NIKE COY Clinic Special” for two minutes prior to three non-NIKE featured speakers

### Heisman (H) \$5,000\*

- Opportunity to promote product/services for five minutes prior to a NIKE featured speaker (and introduce the speaker)
- Recognition as an **EXCLUSIVE, PRESENTING** sponsor for your business sector with a dedicated repeater banner to be utilized for interviews and photo shoots with coaches
- Recognition with company logo to be displayed on the face of all podiums
- Recognition with company logo on clinic staff shirts

### In-Kind Sponsorship Donations/Services/Inquiries

If you are interested in sponsoring our campaign by providing in-kind donations/services OR have questions, please contact NIKE COY Clinic Director Bobby McClarin at (610) 417-8361 or [allentown@nikecoyfootball.com](mailto:allentown@nikecoyfootball.com). All sponsorship/exhibitor levels noted above apply with proof of in-kind donation or service value.

#### EXCLUSIVITY (MUST READ):

**Products competitive with NIKE products are prohibited from being displayed at our clinics. In addition, Hudl has the exclusive rights to market video-film editing services, and Adrenaline has the exclusive rights to fundraising services.**

**PROCEEDS SHALL BENEFIT FIVE STAR HEART’S MISSION DEDICATED TO INSPIRING MIDDLE SCHOOL AGED FOOTBALL PLAYERS ON AND OFF THE FOOTBALL FIELD.**

The most innovative, impactful 501(c)3 non-profit in the Lehigh Valley

[WWW.THEFIVESTARHEARTPROJECT.ORG](http://WWW.THEFIVESTARHEARTPROJECT.ORG)

SPONSOR/EXHIBITOR INFORMATION FORM

Please make check or money order payable to The Five Star Heart Project. A check/money order and this form shall be mailed to The Five Star Heart Project 1211 Lorain Avenue Bethlehem, PA 18018. Please contact Bobby McClarin at 610-417-8361 or allentown@nikecoyfootball.com if you wish to pay by credit card OR if you have additional questions. Please fill out this form and proceed with payment by Monday, February 24th. Thank you.

Company Name: \_\_\_\_\_

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

Primary Point of Contact & Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Sponsor/Exhibitor Level & Dollar Amount: Level \_\_\_\_\_ \$ \_\_\_\_\_

Special Arrangements (e.g. electricity if required): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Company Personnel Attending Clinic & Title (up to 4 representatives):

NAME	TITLE

We plan on attending Friday morning breakfast (if applicable): Y / N Saturday morning breakfast Y / N

Proposed In-Kind Donation, Description, and Value (if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We would like to receive recognition per the sponsorship level benefits outlined on the previous page. Y / N . Yes,

but with the following exceptions. \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_