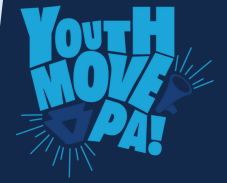


WELLNESS DAYS

SPONSORSHIP/VENDOR FORM



REGISTRATION FORM

Name of Organization:

Your Name :

Phone Number :

E-Mail :

Retreat Location(s) you
will be attending :

PRESQUE ISLE
STATE PARK

KEYSTONE
STATE PARK

NOCKAMIXON
STATE PARK

TOBYHANNA
STATE PARK

SPONSOR & VENDOR LEVELS

Vendor : \$50 Non- Profit \$100 For- Profit

- Sponsorship :
- I LOVE Myself - Sponsorship Package - \$5000.00
 - I Am RESILIENT - Sponsorship Package - \$2500.00
 - I LIKE Myself - Sponsorship Package - \$1000.00
 - I Am Strong - Sponsorship Package - \$500.00

Please make payments out to: Pennsylvania Mental Health Consumers' Association
1425 Crooked Hille Road PO Box 61620
Harrisburg, PA 17106

OR PAY BY CREDIT CARD

Payments by credit card can be made by using [***THIS LINK***](#), please specify in the donation comment box what the payment is for (Sponsorship Level or Vendor and Wellness Days Location

Youth MOVE PA
ympa@youthmovepa.org
717-221-1022

THANK YOU FOR YOUR SUPPORT!