

2026

HEALTHY FAMILIES FITNESS FESTIVAL

01

AUGUST 2026

@The Grounds Roseville
700 Event Center Drive,
Roseville, CA

10
AM



 A Free Day of Family Fun and Wellness! 



2026 SPONSORSHIP PACKET



Sierra Community Medical Foundation invites you to partner with us as a valued sponsor for our 2026 Healthy Families Fitness Festival! This free, family-centered event is dedicated to promoting healthy families and introducing our Adverse Childhood Experiences (ACEs) Program, which addresses and reduces the impact of ACEs to build stronger, healthier communities.

4th Annual
HEALTHY FAMILIES
 Fitness Festival
08.01.26



2026 HEALTHY FAMILIES FITNESS FESTIVAL SPONSORSHIP OPPORTUNITES

Sponsorship Level	Amount (\$)	Sponsorship Benefits
Title	\$10,000	<ul style="list-style-type: none"> Prominent logo placement on event marketing materials and signage Exclusive recognition as Title sponsor Verbal acknowledgement during event and the speaking opportunity Logo placement and link on social media and event website Exhibitor table
Thrive	\$5,000	<ul style="list-style-type: none"> Prominent logo placement on event marketing materials and signage Exclusive recognition as Thrive sponsor Logo placement on social media and event website Exhibitor table
Wellness	\$2,500	<ul style="list-style-type: none"> Logo placement on event marketing materials and signage Recognition as Wellness sponsor Logo placement on the event website Exhibitor table
Vitality	\$1,000	<ul style="list-style-type: none"> Logo placement on event marketing materials and signage Recognition as Vitality sponsor Logo placement and on the event website Exhibitor table
Community Partner	\$500	<ul style="list-style-type: none"> Logo placement on event marketing materials and signage Recognition as Community sponsor Logo placement and on the event website Exhibitor table
Exhibitor Only	\$200 (For-profit) Free (Non-profit)	<ul style="list-style-type: none"> Exhibitor table <i>(include 6 foot table and 2 chairs)</i>



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2026 HEALTHY FAMILIES FITNESS FESTIVAL SPONSORSHIP FORM

Please complete and return this form to quinn@pncms.org.

Sponsorship Level: (Please list)	
Company:	
Primary Contact: (Full Name + Position)	
Email Address:	
Contact Phone Number:	

SIGN UP ONLINE: WWW.SCMFOUNDATION.ORG/ABOUT/EVENTS

BILLING INFORMATION	Select here if you would like an invoice emailed to the address above. <input type="checkbox"/> Yes, please invoice me.
Name on the card:	
Billing Address: (Include city, state, ZIP)	
Card Number:	
Exp Date + Security Code:	
Signature:	