



# 6<sup>th</sup> Annual Carolina Strawberry Festival Sponsorship Application

FESTIVAL USE ONLY	
Date Received:	
Total Due:	
Amount Paid:	
Payment Type:	

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

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

## Sponsorship Levels:

<input type="checkbox"/>	<b>Diamond Level</b>	<b>\$5000 and up</b>	<b>Canvas Print, Free Vendor Space, 10 - BBQ Sandwich Meals, 10 - Strawberry Shortcakes, 10 - Free T-Shirts, Banner at Stage</b>
<input type="checkbox"/>	<b>Platinum Level</b>	<b>\$2500 and up</b>	<b>Free Vendor Space, 4 - BBQ Sandwich Meals, 4 - Strawberry Shortcakes, 2 - Free T-Shirts</b>
<input type="checkbox"/>	<b>Gold Level</b>	<b>\$1000 and up</b>	<b>2 - BBQ Meals, 2 - Strawberry Shortcakes, 1 - Free T-Shirt</b>
<input type="checkbox"/>	<b>Silver Level</b>	<b>\$500 and up</b>	<b>2 - BBQ Sandwich Meals, 2 - Strawberry Shortcakes</b>
<input type="checkbox"/>	<b>Bronze Level</b>	<b>\$250 and up</b>	<b>2 - BBQ Sandwich Meals</b>
<input type="checkbox"/>	<b>Patron Level</b>	<b>\$100 and up</b>	<b>2 – Strawberry Shortcakes</b>

**\*\*A SPONSOR PACKET WILL BE AVAILABLE AT THE HOSPITALITY SUITE ON THE DAY OF THE FESTIVAL\*\***

**All Sponsors** will receive a signed artist print of the original 2016 Strawberry Festival painting by Hope Smith, be listed on a large Sponsor Board which will be prominently displayed downtown until next year's festival and have access to the Hospitality Suite during the Festival.

**Please promptly return completed application and payment, no later than Friday, April 22, 2016.  
Failure to return application by deadline could result in sponsor not being displayed in Festival Guide.**

Total Amount: \$ _____		Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
CC #: _____		Exp Date: _____/_____ (mm/yy)	
Contact Name: _____		CVV2 (3 or 4 digit) _____	
Mailing Address: _____		City: _____	State: _____ Zip: _____
<small>I authorize the Carolina Strawberry Festival to charge the credit card indicated above and I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.</small>			
Cardholder Signature: _____		Date: _____	

**Please make check payable to "Carolina Strawberry Festival" (\$30.00 fee for all returned checks)**

**Mail to: Carolina Strawberry Festival, 316 E Murray St, Wallace, NC 28466**

**For More Information: Call 910-447-9925 Email: vendors@carolinastrawberryfestival.com or Visit:**

**[www.CarolinaStrawberryFestival.com](http://www.CarolinaStrawberryFestival.com)**