



5th 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"/>	Diamond Level	\$5000 and up	Canvas Print, Free Vendor Space, 10 - BBQ Sandwich Meals, 10 - Strawberry Shortcakes, 10 - Free T-Shirts, Banner at Stage
<input type="checkbox"/>	Platinum Level	\$2500 and up	Free Vendor Space, 4 - BBQ Sandwich Meals, 4 - Strawberry Shortcakes, 2 - Free T-Shirts
<input type="checkbox"/>	Gold Level	\$1000 and up	2 - BBQ Meals, 2 - Strawberry Shortcakes, 1 - Free T-Shirt
<input type="checkbox"/>	Silver Level	\$500 and up	2 - BBQ Sandwich Meals, 2 - Strawberry Shortcakes
<input type="checkbox"/>	Bronze Level	\$250 and up	2 - BBQ Sandwich Meals
<input type="checkbox"/>	Patron Level	\$100 and up	2 - Strawberry Shortcakes

****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 2015 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 Wednesday, April 22, 2015.

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: _____
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.	
Cardholder Signature: _____	Date: _____

Please make check payable to "Carolina Strawberry Festival" (\$25.00 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