

Hill Country Shrimp & Music Fest Event Order Form

Please check your level of support.

- | | | |
|--------------------------|--|------------------------|
| <input type="checkbox"/> | Chief Sponsor | \$5,000 |
| <input type="checkbox"/> | Event Sponsor | \$2,500 |
| <input type="checkbox"/> | VIP Table | \$1,000 x _____ Tables |
| <input type="checkbox"/> | VIP Tickets | \$100 x _____ Tickets |
| <input type="checkbox"/> | Individual Tickets | \$20 x _____ Tickets |
| <input type="checkbox"/> | I would like to make a donation. | \$ _____ |
| <input type="checkbox"/> | I would like to donate an auction item. Please call me # _____ | |
| <input type="checkbox"/> | I would like to customize my donation. Please call me _____ | |

Underwriting Levels

I would like to underwrite the cost of: _____

- | | | |
|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | Live Music | \$10,000 |
| <input type="checkbox"/> | Beer & Wine | \$5,000 |
| <input type="checkbox"/> | Shrimp | \$5,000 |
| <input type="checkbox"/> | VIP Dinner | \$3,000 |
| <input type="checkbox"/> | Live Auction | \$2,500 |
| <input type="checkbox"/> | School Culinary Programs | \$2,500 |
| <input type="checkbox"/> | Home Cook Competition | \$1,000 |
| <input type="checkbox"/> | Food Truck Competition | \$1,000 |

Name _____

Company/Table Name _____

Address _____ City, State, Zip _____

Email _____ Phone _____

Checks Payable to **Shared Beat**

Check Total _____

Mail with check or Credit Card information to:

Shared Beat 238 W. Hosack Street Boerne, Texas 78006

Credit Card

Visa Mastercard American Express Expiration Date _____

Card Number _____ CID _____

Charge Total _____ Signature _____

Shared Beat 238 W. Hosack Street Boerne, Texas 78006
www.sharedbeat.org info@sharedbeat.org 830 331 2691