



**10<sup>th</sup> Annual  
Carolina Strawberry Festival  
May 1-2, 2020  
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: \_\_\_\_\_

**Sponsors should provide a digital company logo for use in Carolina Strawberry Festival promotional materials.  
 Logos may be emailed to [sponsors@carolinastrawberryfestival.com](mailto:sponsors@carolinastrawberryfestival.com)**

**Sponsorship Levels:**

<input type="checkbox"/>	<b>Philanthrope</b>	<b>\$5,000</b>	8 VIP Seats/Meals for Friday and Saturday nights, Vendor Space, 4 Insulated Festival Cups, 4 T-shirts, Framed Festival Print on canvas, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Sustainer</b>	<b>\$2,500</b>	4 VIP Seats/Meals for Friday and Saturday nights, Vendor Space, 4 Insulated Festival Cups, 4 T-shirts, Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Benefactor</b>	<b>\$1,500</b>	Vendor Space, 4 Insulated Festival Cups, 4 T-shirts, Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Patron</b>	<b>\$1,000</b>	2 Insulated Festival Cups, 2 T-shirts, Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Booster</b>	<b>\$ 750</b>	1 Insulated Festival Cup, 1 T-shirt, Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Supporter</b>	<b>\$ 500</b>	1 T-shirt, Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Contributor</b>	<b>\$ 250</b>	Festival Print, 4 Strawberry Shortcakes
<input type="checkbox"/>	<b>Donor</b>	<b>\$ 100</b>	4 Strawberry Shortcakes

**All Sponsors** will be listed in festival advertising when possible and on the festival board downtown

**Return completed application and payment no later than  
March 31, 2020 to guarantee inclusion in Festival advertising.**

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: _____			

Make checks 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: [info@carolinastrawberryfestival.com](mailto:info@carolinastrawberryfestival.com) or  
 Visit: [www.CarolinaStrawberryFestival.com](http://www.CarolinaStrawberryFestival.com)