



SPONSORSHIP FORM
33rd Annual Taste of North Texas
Thursday, March 28, 2024
6:00 – 8:00 PM, Golden Triangle Mall

Please return your **signed** form with desired logo **ASAP!** You can email the form and the logo to tasteofnt@gmail.com . You will be invoiced for the amount of your sponsorship.

Business:	
Contact Person:	Title:
Address:	
City, Zip:	Email:
Work Phone:	Cell Phone:

TYPE OF SPONSORSHIP

Title Sponsor: _____ Amount of Sponsorship: \$ 7,500

The *Title Sponsor* will be the primary event sponsor (i.e. The XYZ Company 33rd Annual Taste of North Texas). Your business logo will be prominently printed on ALL marketing materials – Golden Triangle Mall marque, website, social media ads, billboards, print ads, posters, banners and electronic TVs inside mall, and on tickets. In addition, you will receive 80 free tickets to this year's event.

Children's Clinic Premier Patron: _____ Amount of Sponsorship: \$ 5,000

The *Children's Clinic Premier Sponsor* will have a business logo on various marketing materials such as our website, social media ads, print ads, posters, banners and electronic TVs inside mall. In addition, you will receive 60 free tickets to this year's event.

Children's Clinic Champion: _____ Amount of Sponsorship: \$ 3,500

The *Children's Clinic Champion Sponsor* will have a business logo on various marketing materials such as our website, print ads, posters, banners and electronic TVs inside mall. In addition, you will receive 40 free tickets to the event.

Children's Clinic Advocate: _____ Amount of Sponsorship: \$ 1,000

The *Children's Clinic Advocate Sponsor* will have their business named in event marketing materials such as our website, posters, electronic TVs inside the Mall. In addition, you will receive 20 free tickets to this year's event.

Children's Clinic Sponsor: _____ Amount of Sponsorship: \$ 400

The *Children's Clinic Sponsor* will have their logo on the website and on the electronic TVs inside Mall. In addition, you will receive 10 free tickets to this year's event.

Authorized Signature / Date

For more information, contact: Telese Gray - 214.649.9223 or Tanya Blixt – 214.906.2194
Email: tasteofnt@gmail.com

Your sponsorship will be direct invoiced by Kiwanis Club of Denton for your convenience.