



SPONSORSHIP FORM
 34th Annual Taste of North Texas
 Thursday, March 27, 2025
 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: \$ 5,000

The *Title Sponsor* will be the primary event sponsor (i.e. The XYZ Company 34th 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, tickets and on 500 tote bags distributed at the event. In addition, you will receive 50 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 35 free tickets to the event.

Children’s Clinic Advocate: _____ Amount of Sponsorship: \$ 1,200

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 12 free tickets to this year’s event.

Children’s Clinic Sponsor: _____ Amount of Sponsorship: \$ 500

The *Children’s Clinic Sponsor* will have their logo on the website and on the electronic TVs inside Mall. In addition, you will receive 6 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.