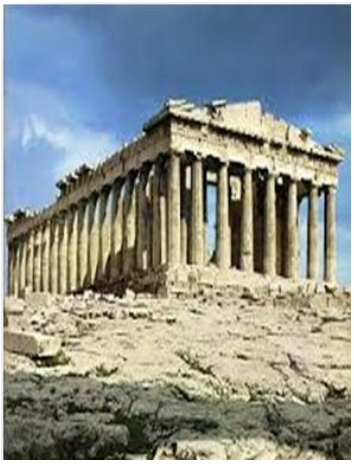

Holy Cross Greek Orthodox Church

8401 Ridge Blvd, Brooklyn NY 11209

CULTURAL FESTIVAL

SEPTEMBER 20th 21st, 22nd and 23rd

Festival Sponsorship Levels 2018

$ 5,000 Event/Title Sponsor (1, 2, 3, 5, 6, 7, 8, 9)

$ 2,500 Platinum Sponsorship (4 available) (1, 2, 3, 5, 6, 9)

$ 1,500 Gold Sponsorship (2, 4, 5)

$ 550 Silver Sponsorship (4, 5)

1. Company name or Logo prominently displayed on the main banner across Ridge Boulevard which is displayed for a minimum of 6 weeks.
2. Company name or Logo will be prominently displayed on T-shirts worn by volunteer's through-out the 4 days of the festival.
3. Company name or Logo will be prominently displayed on a 3x5 Banner in the main Stage Area.
4. Company name or Logo will be prominently displayed on a 3x5 Banner in the main Food Service area.
5. Company name or Logo will be prominently displayed in the "Take home Menu & Program"
6. Company name or Logo prominently displayed as Event or Platinum Sponsor on all festival flyers, postcards and posters.
7. Event Sponsors are displayed larger than any other level of sponsorship
8. Includes advertising for both Greek and English printed media as well as paid radio advertising, if any.
9. Event and Platinum Sponsors may request a table within the vendor area of the community center for marketing purposes and are permitted to distribute promotional materials during the festival. (i.e. balloons, t-shirts, stationary, etc.)

Items for distribution must be pre-approved by the festival chairman.

RSVP by: July 31st, 2018 (for Event and Platinum Sponsorship)
(718) 836-3510 or 8401 Ridge Blvd, Brooklyn, NY 11209 or holycrossbklyn@gmail.com
Questions please call Harry Patsalis, Festival Chairman (917) 405 9297

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Fax: _____

E-mail: _____

Payment Information

Level (please circle one): **Event/Title Sponsor** **Platinum** **Gold** **Silver**

_____Enclosed, please find my check (payable to Holy Cross) _____Please charge the following credit card

Card#: _____ Exp. Date:_____ 3-digit CID: _____

Billing address on Card: _____

Signature: _____