



Recharge & Refocus

SPONSORSHIP FORM

STEP 1~ Sponsor information (Please print clearly)

Company Name _____

Street Address 1: _____

Street Address 2: _____

City/State/Zip: _____

Sponsorship Contact Name: _____

Email: _____

Text Number: _____ VP Number: _____

STEP 2 ~ Sponsor Packages (Choose your choice)

Package 1~ \$250 Bronze

- * 10 minutes of speech (your Vendor)
- * Treat Break Bag
- * Free booth

Package 2 ~ \$500 Silver

- *10 minutes of speech (your Vendor)
- * Breakfast
- * Treat Break Bag
- * Free Booth

Package 3~ \$750 Ruby

- * 10 minutes of Speech (your Vendor)
- * Box Luncheon
- * Treat Break Bag
- * Free Booth

Package 4~ \$1,000 Emerald

- * 10 minutes of Speech (your Vendor)
- * Breakfast
- * Box Luncheon
- * Treat Break Bag
- * Free Booth

STEP 3 ~ Payment Information

\$ _____ Total Sponsorship Amount (\$50.00 bounce check)

Make personal check, cashiers check, or money order payment to:

Florida Association of the Deaf
52 Tuscan Way, Suit 202-305
St. Augustine, FL 32092

**Important Note: FAD must receive your sponsorship form with payment on or before Monday, October 23, 2023