



Clermont Sips & Salsa Festival

Saturday, September 23, 2023

5:00 p.m. - 10:00 p.m.



Sponsorship Opportunities

The South Lake Chamber of Commerce and the City of Clermont invite you to showcase your business at this annual event! This much-anticipated event will offer the community all things salsa! The festival will feature a variety of cultural cuisine, live salsa music and dancing. Additionally, there will be activities for the entire family including Chihuahua races, a domino tournament, kids zone and much more!

☐ Presenting Sponsor: \$3,500 per event

- Event "presented by" your company
- Social Media recognition on both South Lake Chamber and City of Clermont Events pages
- 10x10 booth space in premium location
- All benefits below

☐ Premier Sponsor: \$2,500

- Logo in all promotional materials
- Name recognition in all media releases
- 10x10 booth space
- Logo on Chamber's website
- All benefits below

☐ Partnering Sponsor: \$1,000

- 10x10 booth space
- Logo in all promotional materials
- Logo on Chamber's website
- Logo on event postcards and posters
- All benefits below

☐ Contributing Sponsor: \$500

- Logo on Chamber website
- Name recognition on promotional materials
- Name recognition at event

☐ Food Vendor: \$120

- Space for food truck or 10x10 booth space
- Must fill out separate application

☐ Business Vendor: \$75

- Includes a 10x10 booth space
- Must fill out separate application

☐ Arts & Craft Vendor: \$55

- Includes a 10x10 booth space
- Must fill out separate application

Business Name: _____ Contact Name: _____

Phone: _____ Email: _____

PAYMENT INFORMATION

Please make checks/money orders payable to South Lake Chamber of Commerce and send to:

South Lake Chamber of Commerce | 620 W. Montrose Street, Clermont, FL 34711

Email: rsvp@southlakechamber-fl.com | Phone: 352-394-4191

CREDIT CARD PAYMENT OPTIONS

☐ Visa ☐ Master Card ☐ American Express ☐ Discover ☐ Check or Money Order Enclosed ☐ Send an Invoice

Name on Card: _____ Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Billing Address: _____ City: _____ State: _____

Authorized Signature: _____ Date: _____