





STEP UP

FOR DOWN SYNDROME

CARNIVAL

AND FAMILY WALK



SATURDAY, OCTOBER 12TH
11AM-2PM

EPIC CENTRAL, GRAND PRAIRIE

www.DSPNT.org





\$10,000 - CAROUSEL CHAMPION

- Company logo included as presenting sponsor of the walk on all event materials including social media, website, registration site, e-newsletters, event shirts, event promo items, and event signage
- Logo on event goodie bag and opportunity to include an item
- A premiere, reserved spot at the event with a table and tent
- Recognition at event and opportunity to speak at the event
- Four, full-color signs along the walk route with logo

\$5,000 - FERRIS WHEEL FRIEND

- Logo on all event materials including social media, website, e-newsletters, and event shirts
- Logo on goodie bag and opportunity to include a promo item
- A reserved spot at the event with a table and tent
- Two, full-color signs along the walk route with logo

\$2,500 - BUMPER CAR BENEFACTOR

- Logo on all event materials including social media, website, e-newsletters, and event shirts
- Opportunity to include a promo item in event goodie bag
- A reserved spot at the event with a table and tent
- One, full-color sign along the walk route with logo

\$1,000 - COTTON CANDY CONTRUBUTOR

- Name on all event materials including social media, website, e-newsletters, and event shirts
- Opportunity to include a promo item in event goodie bag
- Opportunity to have a table and tent at the event

\$500 - POPCORN PARTNER

- Name listed on event shirts
- Opportunity to include a promo item in event goodie bag

Vendor and Exhibitor Tables are \$150/for-profit and \$100/non-profit.

SPONSOR PACKET

Please fill out this form completely and return no later than September 1st.

\$10,000 - Carousel Sponsor \$5,000 - Ferris Wheel Friend \$150 - For-profit vendor/exhibitor \$2,500 - Bumper Car Benefactor \$1,000 - Cotton Candy Contributor
SPONSOR INFORMATION:
Company Name:
Company Address:
City/State/Zip:
Primary Contact Name & Email:
Primary Contact Email/Phone #:
Sponsor Name As It Should Appear:
If you need to process your payment electronically, please contact kim@dspnt.org. A processing fee of 5% will be added for all electronic payments. Uisa MasterCard American Express Discover Card #:
Expiration Date: CVV:
Name on Card:
Billing address if different from above:
City/State/Zip:
☐ We will mail a check to: P.O. Box 766, Fort Worth, TX 76101, ATTN: SUDS

Questions? Call 682-316-3121 or contact kim@dspnt.org.