



Taste of Brea®

Engage the Community at Signature Events

2024 SPONSORSHIP LEVEL	Presenting Sponsor \$10,000	Delectable Sponsor \$7,500	Scrumptious Sponsor \$5,000	Foodie Sponsor \$3,000	Sanitation Sponsor \$2,000	VIP Table Opportunity \$1,500	Savory Sponsor \$1,000
*VIP Tables are located on the north of the street next to the band stage. Only (12) available seating six guests (tickets) included. Tables are reserved at a first come first served basis.							
Corporate logo identified with "Presenting" status on all event marketing, including Eventbrite and (3) tables of 6 in VIP	✓						
(2) Tables of 6 in VIP	✓	✓					
(1) Table of 6 in VIP			✓			✓	
Company logo on Taste of Brea® wristbands	✓						
Exhibitor space	✓	✓	✓	✓	✓		✓
Preferred booth placement	✓	✓	✓				
Company advertising space in (1) insider weekly e-newsletter	✓	✓					
Company logo on various print advertising	✓						
Company mention in online promotions	✓	✓	✓	✓	✓		
Company mention on all Chamber social media outlets	✓	✓	✓	✓	✓		
Company logo on event program	✓	✓	✓	✓	✓		✓
PA announcement from stage	✓	✓	✓	✓	✓		
Taste of Brea® wristbands	25	15	8	10	8	6	5

2024 Sponsorship Application

Company _____

Contact Name _____ Title _____

Address _____ City & Zip Code _____

Phone _____ Fax _____

Email _____

Taste of Brea®

Thursday, May 23, 2024



Let's connect through a sponsorship!

Your sponsorship dollars support Brea Chamber initiatives to enhance the economic vitality of the Brea business community. Custom sponsorship packages are available. For more information, please contact Events Coordinator Kevin Covey at (714) 264-7526 or send an email at Events@BreaChamber.com

- Presenting Sponsor - **Sold Out** \$10,000
- Delectable Sponsor \$7,500
- Scrumptious Sponsor \$5,000
- Foodie Sponsor \$3,000
- Sanitation Sponsor \$2,000
- VIP Table Opportunity \$1,500
- Savory Sponsor \$1,000
- Electricity (limited availability) ...\$65
- Additional Tables...\$40
- Additional Chairs...\$15.00

**PAYMENT DEADLINE IS
Tuesday, April 23, 2024**

Payment

Request to be invoiced

Check Enclosed Please bill my credit card

Sponsorship Package \$ _____

Exhibitor Booth \$ _____

Additional Items \$ _____

Total \$ _____

Cardholder

Name _____

Card# _____

Exp. Date _____ CVS _____

Billing Address _____

Signature _____

Return this form with your payment to:

Brea Chamber of Commerce
One Civic Center Circle, 2nd Floor
Brea CA 92821
Or fax to 714.529.3657

CANCELLATION: The Brea Chamber adheres to a NON-REFUNDABLE policy for Taste of Brea®.

Brea Chamber of Commerce
One Civic Center Circle, 2nd Floor
T: 714.529.3660 | F: 714.529.3657
E: Events@BreaChamber.com

Revised on 01/04/2023