



## Ice Block Sponsorship Form

Winter Festival - February 19-20, 2022

Theme: Dr. Suess

Just imagine a beautiful ice sculpture outside your business welcoming your customers during the Winter Festival. Join in the Winter festivities and have a unique touch of winter right at the front door of your business by sponsoring a block of ice. We also welcome block sponsorships even if you do not have a store front.

**Ice Blocks (Clinebell - 10" x 20" x 40" weighing 300 lbs). NEW: The cost of the block includes your business name and location on the Festival map and a Festival Facebook post (14,500+ followers).**

\_\_\_\_\_ Number of ice blocks needed @ \$135 each and I will need a carving team.

\_\_\_\_\_ Number of ice blocks needed @ \$135 each but I will be supplying my own carving team.

Team name: \_\_\_\_\_

Team contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Festivals can place my block where needed.

\_\_\_\_\_ I would like my ice block(s) placed at:

ADDRESS: \_\_\_\_\_

### Carving Tools:

I would like to reserve \_\_\_\_\_ carving tools for my team – \$10 deposit for each tool. Deposit will be refunded upon return of the tools. Pick-up and drop-off carving tools at Community Center on Saturday during registration.

Please make out checks payable to **Winter Festival**. Write out separate checks: **one check for the ice block and the other check for the deposit for the carving tools**. The tool deposit check will be returned when the carving tools are returned. If you have any questions, please call **(262) 377-3891**.

CONTACT NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Return this form by **January 31**. Mail to the Festival Office: Festivals of Cedarburg, P.O. Box 406, Cedarburg, WI 53012 or drop off at: W63 N643 Washington Avenue (Lincoln Building near City Hall) – top floor or fax to 262-377-5733. **To Pay by Credit Card:** If you would like to pay for your ice block sponsorship only by credit card please fill out the following. We accept **VISA or MasterCard only**. We cannot charge the deposit for tools.

Name on the Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount to Charge: \_\_\_\_\_