

OLD BARRACKS TAVERN NIGHT 2018

SPONSORSHIP & ADVERTISING ORDER FORM

Friday, September 14, 2018

Sponsorship Packages	Check Selection	Type	Benefit	Cost Each	Additional Tickets
		Gold	<ul style="list-style-type: none"> ✓ Full Page Ad in Program ✓ Logo on website and promotional materials ✓ Recognition in press releases and Facebook event page ✓ 10 Tickets for Tavern Night 	\$3,000.00	\$60 No. ____
		Silver	<ul style="list-style-type: none"> ✓ ½ Page Ad in Program ✓ Logo on website and promotional materials ✓ Recognition in press releases and Facebook event page ✓ 8 Tickets for Tavern Night 	\$2,000.00	\$60 No. ____
		Copper	<ul style="list-style-type: none"> ✓ ¼ Page Ad in Program ✓ Logo on website and promotional materials ✓ Recognition on Facebook event page ✓ 6 Tickets for Tavern Night 	\$1,000.00	\$60 No. ____
		Bronze	<ul style="list-style-type: none"> ✓ Company name listed in program book ✓ Logo on website and promotional materials ✓ Recognition on Facebook event page ✓ 4 Tickets for Tavern Night 	\$500.00	\$60 No. ____

Advertising Only	Check Selection	Type	Size	Cost Each
		Full Page	5 in. wide x 8 in. high	\$500.00
		Half Page	5 in. wide x 4 in. high	\$300.00
		Quarter Page	5 in. wide x 2 in. high	\$150.00

Tickets Only	Quantity	Cost Each	Total
		\$60.00	

PLEASE CHECK SELECTION(S) AND FILL OUT FORM ON PAGE 2.
SEND FORM TO ONE OF THE FOLLOWING:
INFO@BARRACKS.ORG
OR
OLD BARRACKS MUSEUM
ATTN: TAVERN NIGHT COMMITTEE
101 BARRACK STREET
TRENTON, NJ 08608

Please return form to Tavern Night Committee:

The Old Barracks Museum
101 Barrack Street, Trenton, NJ 08608
 info@barracks.org | (609) 396-1776 | Fax (609) 777-4000
 The Old Barracks Museum is a 501(c)(3) non-profit organization.
 Portions of all donation are tax deductible. Tax ID # 21-0634593.
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**TO RECEIVE FULL SPONSORSHIP BENEFITS
COMMITMENTS MUST BE RECEIVED BY
JUNE 30, 2018.**

FINAL DEADLINE FOR SPONSORSHIPS IS AUGUST 24, 2018

SEND HIGH-RES PDF FILES TO INFO@BARRACKS.ORG
ELECTRONIC ART FILE DEADLINE IS AUGUST 24, 2018

Please print or type the following contact information.

Company: _____

Contact: _____

Address: _____

City, State, Zip Code _____

Phone: _____ **Fax:** _____

Email: _____

<i>Option</i>	<i>Payment Term</i>		
	Enclosed is my check, payable to The Old Barracks Museum		
	Please bill me later		
	Please charge my credit card	Visa	MasterCard

Name on Credit Card: _____

Credit Card Number: _____ **Expiration Date:** _____

Signature: _____

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The Old Barracks Museum

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