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EVENT SPONSORSHIP & REGISTRATION FORM

EVENT **2024 Surf Fest and Slide for Amyloid**
DATE Friday, July 26-27, 2024 (Rain date 7/28)
PLACE 7th Street Surfing Beach &
 OC Waterpark, 728 Boardwalk
DEADLINE June 15th, 2024

SPONSORSHIP OPPORTUNITIES

<p>Platinum Sponsor: \$3500</p> <ul style="list-style-type: none"> • Prominent signage at registration table and raffle tables • Setup on the beach and afterparty • Name/Logo on event tee shirts, materials/website/social media as PRESENTING SPONSOR • Announcements made throughout events highlighting business • 10 tickets to the event 	<p>Gold Sponsor: \$3000</p> <ul style="list-style-type: none"> • Name/Logo on event tee shirt • Name/logo on event materials/website/social media • 6 Tickets to event 	<p>Silver Sponsor: \$2500</p> <ul style="list-style-type: none"> • Name/Logo on event tee shirt • Name/logo on event materials/website/social media • 4 Tickets to the event
<p>Raffle Donation</p> <ul style="list-style-type: none"> • Logo/Name with Donated Item on Donation Table • 1 Ticket to the event for donation value of \$100 or less • 2 Tickets to event for donation value over \$100 	<p>Participant</p> <ul style="list-style-type: none"> • \$60 Per Person • \$175 Family Four Pack Includes admission to slide, dinner, drinks, entertainment and raffle • \$40 Taste of OC Only Does not include access to slide • 4 and Under FREE <p><i>Register online at chipmiller.org by July 1</i></p>	



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- REGISTRATION FORM ATTACHED -

2024 Surf Fest and Slide for Amyloid

Please send your form by June 15th, 2024

I/We would like to register for:

- Platinum Sponsorship - \$3500.00
- Gold Sponsor - \$3000.00
- Silver Sponsor - \$2500.00
- Raffle Donation: Estimated Value: \$ _____
- I cannot attend, but please accept my donation of \$ _____

Sponsoring Organization or Individual (as name should appear on signage):

CONTACT PERSON	
PHONE	
BILLING ADDRESS	
TOTAL DUE	\$ (Payable to CHIP MILLER AMYLOIDOSIS FOUNDATION)
PAYMENT METHOD	<input type="checkbox"/> Check (Check Number:) <input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Expiration Date: (MM/YY)

Please return completed form with your payment by June 15th to:

Lance Miller Attn: CMAF 5 Marshall Ln., Ocean City, NJ 08226

If you have any questions, please call Lance Miller at 717-385-1553 or email at racelance@gmail.com

Please email all logos to racelance@gmail.com (PDF, PNG or EPS file)

This form cannot be used for IRS purposes. You will receive a letter from the CMAF, which is a not-for-profit 501(c)3, for tax purposes.

Your name will be placed on the sponsor list for entry into the event.