



IN COORDINATION WITH

CCISD IMAGINATION CELEBRATION

CCISD DISTRICT WIDE STUDENT TALENT SHOW

RAFFLE, PRIZES, FOOD TRUCKS & MORE...

SPONSORSHIP OPPORTUNITIES

CHAMPION—\$10,000

- Logo Recognition as Champion Sponsor(s) in ALL digital and print media, promotional materials and logo banner recognition.
- Name Recognition in all Audio Announcements throughout event and reserved seating for 10 for the talent show.
- VIP Access for 10 people w/ Superintendent & Participate in Awards Ceremony

GOLD—\$5,000

- Logo Recognition in digital and print media, promotional materials
- Name Recognition during Opening Ceremony Announcements
- Receives Reserved seating for 6 for the talent show.

SCHOOL CASH PRIZE — \$3,000

- Logo recognition as School Cash Prize Sponsor
- Name Recognition in digital, print media, promotional materials and Name Recognition during Ceremony Announcements
- Receives Reserved seating for 5 for talent show

SILVER — \$2,500

- Logo Recognition as Silver Sponsor
- Name Recognition in digital and print media, promotional materials and Name Recognition during Ceremony Announcements
- Receives Reserved seating for 4 for the talent show.

STAR — \$1,500

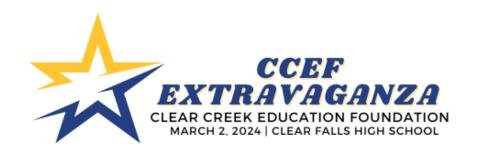
- Name Recognition in digital and print media, promotional materials
- Name Recognition during Opening Ceremony Announcements and receives reserved seating for 2 for the talent show.

BRONZE — \$1,000

Recognition on CCEF Website, Newsletters and promotional materials and Name Recognition during Opening Ceremony.

FRIENDS — \$500

Recognition on CCEF Website and Newsletters



SPONSOR COMMITMENT FORM

Contact Name:						
Company/Sponsor Name:						
(For printed materials)						
Address:						
City:	S	tate:	Z	ip:		
Person to thank:	-					
Phone Number:						
Please Select Your Le CHAMPION Spons GOLD Sponsor - \$5 SCHOOL PRIZE Sp SILVER Sponsor - \$1 STAR Sponsor - \$1 BRONZE Sponsor - FRIENDS Sponsor	or—\$10,000 5,000 onsor - \$3,000 \$2,500 ,500 - \$1,000	rship:				
Payment Options: (Plo		able to the Clear Cr	reek Educatio	n Foundation.)		
Total Amount: \$	By Check: #	Please C	Circle: VISA	MasterCard	Discover	AMEX
Credit Card #		CVV#_		_ Expiration		
Credit Card Billing Address:						
City:		State:	Zip:			
Name on the card (Please Print):						-
Authorized Signature:			Date:			

SPONSORSHIP DEADLINE IS FEBRUARY 16TH