

2022 SPONSORSHIP PACKET

EVENT DATE: JUNE 10TH & 11TH

18TH ANNUAL



EVENT LOCATION:

Sonoma County Events Center
1350 Bennett Valley Rd, Santa Rosa, CA 95404



We are excited to announce the dates of one of Sonoma County's most beloved events, the Peggy Sue Car Show & Cruise. This year's event will be held at the Sonoma County Fairgrounds in Santa Rosa Ca. on June 10th and 11th This year's festivities will include on Friday, June 10th packet pick-up for registered cars. On Saturday, June 11th at 9am the 18th Annual Peggy Sue Car Show will begin. We are expecting to have over 800 cars this year. There will be live music, food, alcohol, and awards for cars. This will be followed by the classic cruise in Downtown Santa Rosa from 5:30pm-8:30pm. All cars will enter the car show from 4th St and Brookwood.

Please consider becoming a sponsor in this classic Sonoma County event. For further details or to discuss sponsorship levels or how your company can participate please feel free to contact:

**Alton Ferrin
Peggy Sue Car Show
707-486-3370
PeggySueCarShow@gmail.com**

Peggy Sue's All-American Cruise

Sponsorship Form

June 11, 2022

	Booth	Car Entry	Banner	Website Logo	Goodie bag Flyer	Radio	Naming	Investment
Title	X	X	X	X	X	X	X	\$15,000
Premier	X	X	X	X	X	X		\$10,000
Lead	X	X	X	X	X			\$5,000
Community	X	X	X	X				\$2,500
Supporter	X				X			\$500
Vendor	X							\$300

Please be sure to return this form with payment to secure your sponsorship

Will have a 10x10 booth at the car show on Saturday? Y/N

Company Name: _____

Contact Name & Title _____

Mailing Address: _____

City State Zip: _____

Email: _____

Telephone _____ Fax: _____

Payment Option:

Check / Credit Card

Payment Amount: _____

Name on Card: _____

CC Number: _____ Exp Date: ____/____

CVC: _____ :Billing Zip: _____

Signature: _____

Or

Check Number: _____

Signature: _____

**Please send your logo to PeggySueCarShow@gmail.com

Please make check's payable to: Peggy Sue's All American Cruise
P.O. Box 7687
Santa Rosa, Ca. 95407

Office Use Only:

Sponsorship Level: _____ Payment Amount: _____

Payment Type: _____ Last 4 of CC or Check Number: _____ Date: _____

Employee that processed: _____