



California Strawberry Festival

2025 Friends of the Festival

CONTRIBUTOR ENROLLMENT FORM

FESTIVAL PARTNER

\$2,500

- Recognition **as a Festival Partner** on Festival Website
- Website Link to Your Business
- Onsite Banner Recognition **as a Festival Partner**
- 2 Signed 2025 Festival Posters-Redeem at Souvenir Tent
- 6 VIP Parking Credentials
- 12 VIP Credentials for Entry to Festival & Belcher VIP Pavilion
- 24 Complimentary Entrance Tickets to Festival

FESTIVAL COLLEAGUE

\$1,500

- Recognition as a Festival Contributor on Festival Website
- Onsite Banner Recognition
- 2 Vouchers for a Free 2025 Poster-Redeem at Souvenir Tent
- 4 VIP Parking Credentials
- 8 VIP Credentials for Entry to Festival & Belcher VIP Pavilion
- 24 Complimentary Entrance Tickets to Festival

FESTIVAL ASSOCIATE

\$750

- Recognition as a Festival Contributor on Festival Website
- Onsite Banner Recognition
- 1 Voucher for a Free 2025 Poster-Redeem at Souvenir Tent
- 2 VIP Parking Credentials
- 4 VIP Credentials for Entry to Festival & Belcher VIP Pavilion
- 12 Complimentary Entrance Tickets to Festival

FESTIVAL SUPPORTER

\$500

- Recognition as a Festival Contributor on Festival Website
- Onsite Banner Recognition
- 1 Voucher for a Free 2025 Poster-Redeem at Souvenir Tent
- 2 VIP Parking Credentials
- 4 VIP Credentials for Entry to Festival & Belcher VIP Pavilion
- 4 Complimentary Entrance Tickets to Festival

FESTIVAL FRIEND

\$250

- Recognition as a Festival Contributor on Festival Website
- Onsite Banner Recognition
- 1 Voucher for a Free 2025 Poster-Redeem at Souvenir Tent
- 1 VIP Parking Credential
- 2 VIP Credentials for Entry to Festival & Belcher VIP Pavilion

YES! I WANT TO “GET INTO” THE 2025 CALIFORNIA STRAWBERRY FESTIVAL AS A FRIEND OF THE FESTIVAL AT THE LEVEL CHECKED BELOW:

- PARTNER \$2,500
- COLLEAGUE \$1,500
- ASSOCIATE \$750
- SUPPORTER \$500
- FRIEND \$250

CSF TAX ID NUMBER

77-0523678

PLEASE MAKE CHECK PAYABLE TO “CSF” AND MAIL TO

**1650 E. GONZALES RD. #306
OXNARD, CA 93036**

Contact Name:

Address:

City State Zip:

Email:

Phone:

Business/Organization Name & URL:

PAYMENT BY CHECK OR CREDIT CARD UNTIL MAY 9, 2025.

Card Type (Visa, MC, AmEx)

Card No.:

Name on Card:

Signature if paying by Credit Card:

Expiration Date:

CVC#:

For more information,
please contact us at
info@castrawberryfestival.org