

TASTE OF HAMBURG-er FESTIVAL

SPONSOR REGISTRATION FORM

Saturday, August 30th, 2025 10:00 am - 6:00 pm

Please return this form with your payment to: Taste of Hamburg-er Festival, C/O Our Town Foundation, 320 State Street, Hamburg PA 19526.

Questions? Call 610-562-3106

Send business logos in a jpeg format to tasteofhamburger@gmail.com when submitting your sponsorship application.

Business Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Mobile Phone: _____ Email Address: _____

Website/Facebook: _____

Business tagline: _____

PAYMENT OPTION

Method of Payment (please mark): _____ Check (made payable to Taste of Hamburg-er Festival) _____ Credit Card

Card Number: _____ Expiration Date: _____ CVV: _____

Cardholder's Name: _____ Signature: _____

SELECT LEVEL OF SPONSORSHIP PARTICIPATION

GENERAL SPONSORS

_____ Title \$10,000
_____ Super Sonic \$5,000
_____ Sonic \$2,500
_____ Whopper \$1,000

_____ Big Mac \$500
_____ Quarter Pounder \$250
_____ The "Dutch" Burger \$100
_____ Condiment

OTHER

_____ "Have it Your Way" in-kind donation
What type of product or service are you donating?

_____ Value of in-kind services or product _____

**For sponsorships of \$250 or more,
please forward your logo in jpeg format to tasteofhamburger@gmail.com**