



GRAND OPENING SPONSORSHIP AGREEMENT

The following is a list of requirements and guidelines to be followed in order to sponsor a Chamber Grand Opening. Please review, complete and sign the last page, and return that page to the Chamber.

DATE AND TIME:

Grand Openings are scheduled after 4pm, Monday through Fridays except the third Wednesday of each month as schedule permits. Ribbon Cuttings can be included at a Grand Opening during the first 30 minutes.

EXPENSE TO SPONSOR:

The cost to the Grand Opening sponsor is \$150.00 which must be paid in full with reservation.

CHAMBER RESPONSIBILITIES:

- Promotion: Notification of the upcoming event is published in the bimonthly Chamber *Newsletter* and Insider prior to the Grand Opening, our Chamber website and Facebook page.
- VIPS: Board of Directors and City Council Members receive reminders.
- Ambassadors: Ambassadors from the Chamber membership will be on hand to assist in welcoming members and visitors.
- Staff: Staff will take photos for publication. Chamber will provide:
 - Container for Business cards and drawings
 - Camera
 - Ribbon and Scissors

SPONSOR RESPONSIBILITIES:

- Payment: \$150.00 payment and agreement will be required at time of reservation for the Grand Opening. There will be no refunds for cancellations made within two months of the reserved date.
- Advertising: One month prior to the event, the Sponsor Host will provide the Chamber with details: logo, theme, location, entertainment, food/beverages, reason for the celebration for the invitations.
- Refreshments: The Business Sponsor will provide:
 - Finger food/snacks and liquid refreshments.

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- If alcoholic beverages are served, the Business Sponsor assumes all liability in regard to the alcoholic beverages and agrees to hold THE ST. CLOUD GREATER OSCEOLA COUNTY CHAMBER OF COMMERCE harmless from any such liability. The Business Sponsor agrees to comply with all applicable Florida State Statutes regarding serving alcoholic beverages, especially serving alcoholic beverages to minors.

Return page to the St. Cloud Chamber of Commerce via e-mail, mail or fax: St. Cloud Chamber of Commerce, 1200 New York Avenue, St. Cloud, FL 34769, fax: 407.892.5289

Thank you for your participation.

Event date: _____ Time: _____ Ribbon cutting Yes [] No []

Your Business Name

Address of the location for Grand Opening

Total Due: \$150.00 _____ Check

Signature of Owner/Manager

Title

Credit Card Information:

_____ Credit Card _____

Card # _____ Expiration Date _____

Signature

Date

NOTE: Announcements of this event will be made after a completed agreement with payment in full is received, and will include the information provided in this agreement. Please email you logo to admin@stcloudflchamber.com