



# 2025 HOLIDAY LUNCHEON

Presented by



DECEMBER 4, 2025

11:30AM to 1:30PM

Fleming's Prime Steakhouse & Wine Bar



## SPONSORSHIP OPPORTUNITIES

# SPONSORSHIP LEVELS

## HOLIDAY LUNCHEON



December 4, 2025

BENEFITS	<b>SOLD</b> Presenting Sponsor \$2,500	Westshore Ally \$1,500	Westshore Supporter \$600
VERBAL RECOGNITION IN OPENING REMARKS	✓		
OPPORTUNITY TO SPEAK AT THE EVENT	✓		
MEMBER SPOTLIGHT IN E-NEWSLETTER	✓		
SPONSOR-PROVIDED MARKETING ITEM AT EACH SEAT	✓		
CO-BRANDED GIVEAWAY ITEM FOR EACH GUEST	✓		
PRIORITY TABLE LOCATION	✓	✓	
RECOGNITION IN TBBJ EVENTS CALENDAR	LOGO & LINK	LOGO	
SOCIAL MEDIA INCLUSION	LOGO	LOGO	
RECOGNITION IN PRE/POST-EVENT DIGITAL MARKETING	LOGO & LINK	LOGO	NAME
RESERVED TABLE WITH COMPANY SIGN	LOGO	LOGO	NAME
ONE GLASS OF HOUSE WINE OR BEER PER PERSON	✓	✓	✓
OPPORTUNITY TO PROVIDE A RAFFLE ITEM	✓	✓	✓
EXCLUSIVE SPONSOR NAME BADGE	✓	✓	✓
EVENT TICKETS	8	6	4



# SPONSORSHIP AGREEMENT



## 1. Choose an Option

<b>Complete this form ONLINE by clicking <a href="#">here</a>.</b>	<b>Complete form, print, and mail to:</b> Westshore Alliance ATTN: Jamie Farrell 3109 W Dr. MLK Jr Blvd Suite 140 Tampa , FL 33607	<b>Complete form, scan, and email to:</b>  Jamie Farrell Farrell@ChooseWestshore.com
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## 2. Share your Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## 3. Select your participation level

*Select all that apply*

<b>SOLD</b> <input checked="" type="checkbox"/> <b>\$2,500 / Presenting Sponsor</b> (Exclusive) 8 event tickets + swag	<input type="checkbox"/> <b>\$1,500 / Westshore Ally</b> 6 event tickets
<input type="checkbox"/> <b>\$600 / Westshore Supporter</b> 4 event tickets	<input type="checkbox"/> <b>\$65 / Additional Tickets</b> price per ticket <input type="checkbox"/> <b>\$80 / Non-Member</b> QTY _____

## 4. Choose your payment option

Total Committed Amount: \$\_\_\_\_\_ You may pay by the following options:

- ☐ **Check** Made payable to the Westshore Alliance
- ☐ **Request Invoice**
- ☐ **Credit Card** Complete the details below

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I consent to my credit card being charged.

Billing Address: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

**For more information, please contact Jamie Farrell, Director of Membership**  
**Office: 813-289-5488 / Cell: 516-424-6498**