



Proud sponsor  
of Strut Your  
Mutt Doggie  
Costume Contest  
& Pet Fair



Friends of the Parks,  
PO Box 686, Lincroft, NJ 07738  
[friendsofmonmouthcountyparks.com](http://friendsofmonmouthcountyparks.com)  
(732) 975-9735 • fax (732) 975-9741

Monmouth County

 Friends of the Parks

**6<sup>TH</sup> ANNUAL**  
**STRUT**  
**YOUR**  
**MUTT**  
**DOGGIE**  
**COSTUME**  
**& PET FAIR**



Sunday, October 18, 2009  
11am - 5pm  
Thompson Park, Lincroft, NJ

# Friends of the Parks\* & Garden State Veterinary Specialists Strut Your Mutt Doggie Costume and Pet Fair sponsors enjoy the benefits of visibility and exposure to a targeted audience of 10,000 Monmouth County pet owners.



\*The Friends does not sell or share personal information.

\*\*Please note that tables and chairs are not provided

	Premier Sponsor \$5,000	Platinum Collar \$1,000	Gold Collar \$500	Silver Collar \$250	Vendor \$100
Company name/logo on billboard located in off-leash dog area during event					
Business name/logo on all promotional materials, press releases and trophies					
Photo opportunities with contest winners					
Invitation to Friends Annual Breakfast and other membership events.					
Company name/logo on event sign located in off-leash dog area					
Business name/logo on promotional materials; name on County Fair sign and listed in Annual Report and Fall Newsletter					
Company support recognized at event					
10' x 10' outdoor booth space at event * Premier & Platinum Sponsors 20' x 20' outdoor booth space at event					

Please select your support level and return this form to the address below with your check made payable to the Friends of the Parks by October 1, 2009 for recognition on event day signage.

Company Name \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \*State\* Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

Check enclosed in the amount of \_\_\_\_\_  
 For payment by credit card, please complete the following:  
 I authorize the Friends to charge to my  
 Visa  MasterCard  American Express  
 Expiration Date \_\_\_\_\_  
 Card Number \_\_\_\_\_  
 Cardholder signature \_\_\_\_\_