

Private Sponsor

NE FL Scottish Highland Games & Festival – February 24, 2024 PO Box 16253 Jacksonville, FL 32245 • 904.725.5744 • Sponsor@neflgames.com

IMPORTANT NOTES: All events are held rain or shine. No pets. No outside alcohol permitted. No Refunds. No discounts will be available at the gate. Schedule and events subject to change without notice.

| Date | Location | Ticket Info | | | | | |
|---|--|--|--|--|--|--|--|
| Fri, Feb 23, 2024 7:00pm | The Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073 | *requires purchase of a Sponsors Package. See sponsorship info below. | | | | | |
| Fri, Feb 23, 2024 6:00pm | The Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073 | Tickets for this event can be purchased online in advance. Tickets cannot be purchased at the doo www.neflgames.com | | | | | |
| Sat, Feb 24, 2024 9:00am - 5:00pm | Clay County Fairgrounds 2497 State Road 16 West Green Cove Springs, FL 32043 | Tickets for this event can be purchased online in advance for \$15. Tickets will be \$20 at the gate. <u>www.neflgames.com</u> | | | | | |
| SPONSORSHIP | | | | | | | |
| Pack | xage Includes | Qty | Amount | | | | |
| Admission for 1 to: Sponsors Reception, Games & Festival and Scottish Evening, 1 Commemorative Pin, 1 VIP Parking Pass, 1 ID badge allowing access to the Sponsors Hospitality Tent | | @ \$120 = \$ | | | | | |
| Commemorative Pins, 1 VI | P Parking Pass, 2 ID badges allowing | @ \$170 = \$ | | | | | |
| Sponsor one of our event trophies. Unless you specify an interest in a particular trophy, one will be assigned to you. Questions regarding available trophies should be directed to David Boyett via email at pipebands@neflgames.com. | | @ \$55 = \$ | | | | | |
| | Fri, Feb 23, 2024 7:00pm Fri, Feb 23, 2024 6:00pm Sat, Feb 24, 2024 9:00am - 5:00pm SPO0 Pack Admission for 1 to: Sponsors Reception, Gamera 1 Commemorative Pin, 1 V allowing access to the Spon Admission for 2 to: Sponsors Reception, Gamera Commemorative Pins, 1 VI access to the Sponsors Hosp Sponsor one of our event tri in a particular trophy, one vir regarding available trophies via email at pipebands@net | Fri, Feb 23, 2024 7:00pmThe Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073Fri, Feb 23, 2024 6:00pmThe Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073Sat, Feb 24, 2024 9:00am - 5:00pmClay County Fairgrounds 2497 State Road 16 West Green Cove Springs, FL 32043 BEDENSORSENTEDBEDENSCORSENTEDAdmission for 1 to: Sponsors Reception, Games & Festival and Scottish Evening, 1 Commemorative Pin, 1 VIP Parking Pass, 1 ID badge allowing access to the Sponsors Hospitality Tent Admission for 2 to: Sponsors Reception, Sames & Festival, and Scottish Evening, 2 Commemorative Pins, 1 VIP Parking Pass, 2 ID badges allowing access to the Sponsors Hospitality TentSponsor one of our event trophies. Unless you specify an interest in a particular trophy, one will be assigned to you. Questions regarding available trophies should be directed to David Boyett via email at pipebands@netJames.com. | Fri, Feb 23, 2024 7:00pmThe Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073*requires purchase of Package. See sponsorsFri, Feb 23, 2024 6:00pmThe Hilltop Restaurant & Club 2030 Wells Road Orange Park, FL 32073Tickets for this event c online in adv Tickets cannot be purchase.Sat, Feb 24, 2024 9:00am - 5:00pmClay County Fairgrounds 2497 State Road 16 West Green Cove Springs, FL 32043Tickets for this event c | | | | |

_____ I understand that I am attending a public event and any photos or video of me may be used for advertising efforts by the JSHG, Inc including but not limited to television, print and social media.

| Please | print | clearly. | |
|--------|-------|----------|--|
| | P | | |

| Full Name: | Title/Role: | | | | | |
|---|-------------------------------|-------------|---|--|--|--|
| Signature: X | Date: | / | / | | | |
| Name of Attendees for ID Badges: 1: | | | _ | | | |
| 2: | | | | | | |
| 3: | | | _ | | | |
| 4: | | | _ | | | |
| Contact Person: | | _ | | | | |
| Street Address: | | | | | | |
| City: State: | ZIP: | | | | | |
| Telephone: () Email: | | | | | | |
| I need handicapped parking. | | | | | | |
| PAYMENT INFORMATION: Payment method (circle one): Credit Card Check | Money Order | | | | | |
| Amount of check or money order enclosed: \$ | | | | | | |
| Credit card payments can be invoiced or processed over the phone. W payment. PLEASE PRINT CLEARLY. | /e will reach out within 48 l | ours of rec | eiving your form to process | | | |
| Cardholder's Name: | | | | | | |
| Cardholder's Email: | | Make | e checks payable to: | | | |
| Telephone: () | | | G Preciosa Court sonville, FL 32222 | | | |