



2026 SPONSORSHIP AGREEMENT

COMPANY NAME: _____

CONTACT PERSON: _____ TITLE: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL _____

WEB SITE: _____

SPONSORSHIP LEVEL: (PLEASE CHECK ONE)

Presenting Sponsor - \$10,000

Kid Zone - \$5,000

Acoustic Wine Garden & Stage - \$5,000

Beverage Gardens - \$2,500 (3 available)

Music Stages - \$2,500 (3 available)

Taste of Wisconsin™ Giveaways - Starting at \$1,500

Other _____

K-9 Demo Area - \$2,000

Oversize Trailer Sponsor - \$2,000

Big Cheese Sponsor - \$1,500

Map Sponsor - \$1,500

Parking Lot Sponsor - \$500 per day
Friday Saturday Sunday

SPONSOR SHALL BE RESPONSIBLE FOR OBTAINING GENERAL LIABILITY INSURANCE WITH THE MINIMUM LIMIT OF \$1,000,000.00 AT ITS OWN EXPENSE AND SHALL PROVIDE A CERTIFICATE OF INSURANCE NAMING TASTE OF WISCONSIN, KIWANIS CLUB OF WESTERN KENOSHA, AND THE CITY OF KENOSHA AS ADDITIONALLY INSURED, AND SUBMIT SAID CERTIFICATE WITH THIS APPLICATION. ADDRESS FOR CERTIFICATE OF INSURANCE PURPOSE SHALL BE PO BOX 602, KENOSHA, WI 53141-0602

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____

Please return your completed **Sponsorship Agreement, certificate of liability insurance, and check** made payable to Kiwanis Club of Western Kenosha (**by March 31, 2026**) to:

Kiwanis Club of Western Kenosha / Taste of Wisconsin

PO Box 602 • Kenosha, WI 53141-0602

PROCEEDS FROM TASTE OF WISCONSIN WILL BE DISPERSED TO KENOSHA AREA NOT-FOR-PROFIT ORGANIZATIONS AND PROGRAMS BY THE WESTERN KIWANIS FOUNDATION OF KENOSHA, A 501(C)3 NON-PROFIT FOUNDATION.



Kiwanis
CLUB OF WESTERN KENOSHA