



# 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