



24th Annual Tour de Cashiers Mountain Cycling Event Saturday, May 14, 2016

The Cashiers Area Chamber of Commerce is pleased to present the 24th Annual Tour de Cashiers featuring high-elevation roads and spectacular Spring scenery in the heart of the North Carolina Blue Ridge mountains. This cycling tradition continues with Century,

Metric and Quarter-Century rides and elevation gains of up to 10,500 feet. Your financial backing of this event is vital to its success! Funds raised will cover event expenses and any proceeds will support community development efforts. Contact the Cashiers Area Chamber at (828)743-5191 for more information. Thank you for your contribution.

Donation: _____

Gold (\$500+) Featured Display

- Prominent Logo on Event Shirt, Website and Sponsor Flyer
- Titled Recognition and Logo in all media communications including all print advertising, pre- and post-event materials

Donation: _____

Silver (\$250+) Large Font

- Name Listing on Event Shirt, Website and Sponsor Flyer
- Titled Recognition in print advertising and post-event materials

Donation: _____

Bronze (\$100+) Small Font

- Name Listing on Event Shirt and post-event materials

Premium YouTube Broadcast Advertising Available!

High South Ventures, LLC will be broadcasting Tour De Cashiers live on Sapphire Valley TV!

GOLD sponsors will be featured automatically during the broadcast. Silver and Gold Sponsors may purchase LIVE ad spots for \$75. There is a limit of only 10 LIVE Sponsors. A final YouTube video will be produce, seen by thousands and your business will be included!

For more information, call (828) 743-5191

DEADLINE APRIL 15

Please mail form and make checks payable to:

Cashiers Area Chamber, PO Box 238, Cashiers, NC 28717

Note: If applicable, email business logo to Holly Greenia at info@cashiersareachamber.com

Business Name/Individual: _____

Contact Person: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Credit Card (plus \$5 processing fee): _____ Exp. Date _____

CVC _____ (call with number if preferred) Billing Zip Code: _____

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