



MARDI GRAS
in the Spa
HOT SPRINGS, ARKANSAS

PROJECT HOPE
FOOD BANK

2027 SPONSORSHIP COMMITMENT & AGREEMENT

Mardi Gras in the Spa | Krewe of Spa | Benefiting Project HOPE Food Bank

SPONSOR INFORMATION

Business / Organization: _____

Contact Name & Title: _____

Email: _____ Phone: _____

Mailing Address: _____

SELECT YOUR SPONSORSHIP (check one or describe a joint package)

☐ FESTIVAL — February 6, 2027, Bridge Street Entertainment District

☐ Presenting \$7,500 ☐ King \$5,000 ☐ Queen \$5,000 ☐ Entertainment \$5,000

☐ Kids Zone \$4,000 ☐ Stage \$3,500 ☐ Krewe \$1,500 ☐ Pet Costume Contest \$1,000

☐ Community \$750 ☐ Friends of Mardi Gras \$250

☐ MASQUERADE BALL — January 30, 2027, Hotel Hot Springs

☐ Presenting \$5,000 ☐ Royal Ball \$3,500 ☐ Auction \$2,500

☐ Entertainment \$2,500 ☐ Cocktail Hour \$2,000 ☐ Royal Table \$1,500

☐ Masquerade \$1,000 ☐ Friends of the Ball \$250

☐ JOINT SPONSORSHIP — select one Festival and one Ball level above; amounts are added

Festival level: _____ Ball level: _____

☐ OTHER / CUSTOM ARRANGEMENT (describe): _____

TOTAL SPONSORSHIP COMMITMENT: \$ _____

PAYMENT & SPONSOR MATERIALS

Payment: ☐ Enclosed ☐ Invoice requested ☐ Will pay by: _____

Payment method: ☐ Check ☐ Other (coordinate with Krewe of Spa)

Please provide your preferred high-resolution logo and business website / social link for recognition.

Website / social link: _____

AGREEMENT & ACKNOWLEDGMENT

By signing, the sponsor commits to the level and amount selected above. Krewe of Spa will provide the benefits described in the applicable 2027 sponsorship packet, subject to the selected package and event availability. Complimentary admissions and seating are allocated according to the published package; sponsorship/table commitments receive priority before Ball general admission is released. Any custom benefits or changes must be confirmed in writing by both parties.

Sponsorship payments may include advertising and hospitality benefits; no particular tax deduction is guaranteed. Project HOPE donation documentation may be available for qualifying contributions. Consult your tax adviser regarding treatment of your payment or donation.

Sponsor Representative Signature: _____ Date: _____

Krewe of Spa Representative: _____ Date: _____

Return completed form or request an invoice: Tim@MardiGrasInTheSpa.com | MardiGrasInTheSpa.com