

2023 Fair Support Opportunities

Please return completed form <u>no later than March 31, 2023</u>, by mail to: Morgan Co. Fair, 110 N. Westgate, Jacksonville, IL 62650 or via email to: themocofair@gmail.com.

Supporter Recognition:

I would like to support the event by becoming one of the following, receiving recognition on signage in four high traffic locations around the grounds, on the Morgan Co. Fair website and the ticket packages outlined.

Ambassador of the Fair – \$1000

Ambassadors will receive 14 Season Passes; 14 tickets to a non-concert Grandstand event; 140 Pavilion tickets for food and drink.

Supporter of the Fair – \$750

Supporters will receive 10 Season Passes; 10 tickets to a non-concert Grandstand event; 100 Pavilion tickets for food and drink.

Friend of the Fair – \$500

Friends will receive 6 Season Passes; 6 tickets to a non-concert Grandstand event; 60 Pavilion tickets for food and drink.

Please select your support tier and the non-concert ticketed events you'd like to attend.

Ambassador – \$1000.00	Supporter – \$750.0	0 F	riend – \$500
Name to be recognized as:			
Please specify the number of Tuesday, July 11: Talent Show 8	f tickets per event:		
Thursday, July 13: Demolition I	Derby Sunda	ıy, July 16: Truck & Tı	ractor Pulls
Contact Information (please	complete):		
Company:	_		
Contact:	Emai	l:	
Address:			
City:	State	: :	Zip:
Phone:			
•): Send bill:	Approved By	(signature):



2023 Advertising Opportunities

Please return completed form <u>no later than March 31, 2023</u>, by mail to: Morgan Co. Fair, 110 N. Westgate, Jacksonville, IL 62650 or via email to: themocofair@gmail.com.

Ad Size Op	otions (select one	e):						
1/8 page	(2.5"w x 2"h)	\$50.00	1	/8 page	(5"w x 1"h)	\$50.00		
1/4 page	(5"w x 2"h)	\$100.00	1	/2 page	(5"w x 4"h)	\$200.00		
All ads should be submitted to themocofair@gmail.com as a black and white PDF file or a black and white 300 dpi jpeg. All ads are due by March 31, 2023.								
	formation (ple	ase complete):						
Contact:								
Address:								
City:			State:		Zip:			
Phone:								
Payment Information (select one):			Арр	roved By (signa	ture):			
Paymer enclose		Send bill:						