

# 2026 SPONSORSHIPS & REGISTRATION



## A Taste of Rockland

CELEBRATING 31 YEARS

SEPTEMBER 28, 2026



*A Taste of Rockland is a culinary extravaganza featuring innovative foods, desserts, and libations from local establishments.*

*Join us to celebrate the 31st anniversary of this event on September 28 and The Arc Rockland's work to provide individuals with intellectual and developmental disabilities (IDD) the resources and supports to participate fully in community life.*



**Questions?**  
Contact Colleen Smith  
845.905.6527  
CSmith@TheArcRockland.org

**Visit TheArcRockland.org**  
to register online.

### \$10,000 Presenting Sponsor

Sponsorship Benefits	Presenting \$10,000	Platinum \$6,000	Gold \$3,000	Silver \$1,250	Bronze \$500
Number of event registrations	10	6	3	1	-
Exclusive customized banner displayed at event	✓				
Speaking opportunity during the event	✓				
Recognition from the podium	✓	✓			
Recognition in program book	Full page	1/2 page	1/4 page	name	name
Logo on The Arc Rockland's website home page	✓	✓	✓		
Logo on The Arc Rockland's event web page	✓	✓	✓	✓	✓
Name listed on two banners at event	✓	✓	✓	✓	✓
Recognition on social media posts	✓	✓	✓	✓	✓

### \$6,000 Platinum Sponsors

### \$3,000 Gold Sponsors



### \$1,250 Silver Sponsors



### \$500 Bronze Sponsors

### Registrant Information

Name \_\_\_\_\_  
 Company/Organization \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_

**RSVP by  
Sept 4th**

### Sponsorship Levels

\$10,000 Presenting    \$6,000 Platinum    \$3,000 Gold    \$1,250 Silver    \$500 Bronze

Sponsorship Amount \$ \_\_\_\_\_

### Individual Registration

#### Table of 10 Registration

### A Taste of Rockland Registration

# of guests \_\_\_\_\_ x \$225 \$ \_\_\_\_\_

# of tables \_\_\_\_\_ x \$2,250 \$ \_\_\_\_\_

Please list the names of your guests:

1	6
2	7
3	8
4	9
5	10

I am unable to attend, but would like to donate \$ \_\_\_\_\_

**TOTAL AMOUNT** \$ \_\_\_\_\_

### Payment Information

\$ \_\_\_\_\_ Check payable to: **The Arc Foundation of Rockland**

Please charge \$ \_\_\_\_\_ to my:

I agree to cover the credit card fee (approximately 3.5%)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ CVC Code \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Mail Payment and Form to: **Colleen Smith**  
**The Arc Foundation of Rockland**  
**210 Route 303**  
**Valley Cottage, NY 10989**



A complimentary 1-year membership to The Arc Rockland is included with your event registration. Your membership supports our advocacy for the rights of people with intellectual and developmental disabilities. Opt Out - Please DO NOT include me as an Arc Rockland member.