

Sponsorship Form 2016

Sponsor Name _____

Address _____

City, State _____ Zip _____

Phone _____ Email _____

Sponsor Contact _____

Name of referring Carroll Theatre Student _____

Sponsorship Levels

_____ Star Billing	\$10,000.00	_____ Technical Crew	\$1,000.00
_____ Producer	\$ 5,000.00	_____ Cast	\$ 500.00
_____ Orchestra	\$ 2,500.00	_____ Emerald	\$ 250.00

Payment

Amount \$ _____

Check Number: _____

Note: Federal Tax ID# 81-1794016

Advert Dimensions

Full Page: Size **7.5" w x 10" h**

Quarter of a Page: Size **3.75" w x 5" h**

Half Page: Size **7.5" w x 5" h**

For Fall Musical all funds & forms due NO LATER THAN Friday, Sept 2nd by 5:00 pm

For Remaining Season all funds & forms due NO LATER THAN Friday, Sept 30th by 5:00pm

Please make your check payable to: **Carroll Theatre Boosters** and mail with this completed form to the following address or contact Lisa Ferner for pickup at cshtsponsor-2016@yahoo.com :

Carroll Theatre Boosters

850 Lakewood Dr., Southlake, Texas 76092

Submit your Advert copy along with any questions to Lisa Ferner at cshtsponsor-2016@yahoo.com

Printer preference is a pdf file but they will accept a jpg file

If you desire for the printer to create your advert for you, his Ad Creation rate is \$45

Tickets

Please provide a contact name and email address and/or phone number for us to contact to identify the what future show date and time to reserve your seats :

Contact Name: _____ Contact Number: _____

_____ Please check here if you would like to donate your Sponsor tickets back to Carroll Theatre