



# 2016-2017 Sponsorship Opportunities

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Select Your Sponsorship Level *(check one)*

### \$5,000 – Full Season Sponsor

- **20 tickets** per show for your organization to use as needed (special clients/employee incentives/etc.) – **80 tickets total.**
- Full page **COLOR ad** in ALL playbills for the season (20,000 per show).
- A special opportunity for a **personalized Meet the Cast Party** for your company/group.
- **Special recognition** in the curtain speech at all 88 performances of the season.
- Sponsor listing for each show.
- Sponsor recognition in all print/social media.

### \$2,500 – Producer Sponsor

- **20 tickets** for the select show for your organization to use as needed (special clients/employee incentives/etc.).
- A special opportunity for a **personalized Meet the Cast Party** for your company/group.
- **Special recognition** in the curtain speech at each of the 22 performances for select show.
- Sponsor listing for show.
- Full page **black & white ad** in the playbill for select show (5,000 per show).
- Sponsor recognition in all print/social media.

### \$1,500 – Director Sponsor

- **10 tickets** for the select show.
- A special opportunity for a **personalized Meet the Cast Party** for your company/group.
- Sponsor listing for the show.
- Full page **black & white ad** in the playbill for select show (5,000 per show).
- Sponsor recognition in all print/social media.

### \$500 – Advertisement Only Sponsor

- Half page **black & white ad** placement for each show targeted (5,000 per show).

## Select a Production *(for sponsorships of \$3,000 or less – check one)*



September 23-25, 2016



December 20-23, 2016



February 3, 2017



May 5-7, 2017

## Select a Payment Method *(check all that apply)*

- Full Payment Enclosed       Please Bill
- Divide my contribution into 3 monthly payments – in the following months:  
 \_\_\_\_\_
- Divide my contribution into 4 monthly payments – in the following months:  
 \_\_\_\_\_

Please mail this form back to us at: **P.O. Box 4392, Roanoke, VA 24015**

Please contact **Debby Brauch**, Director of Development, at **540-400-7795** or **development@roanokechildrenstheatre.org** if any further information is needed.