



2007-2008

# Season Sponsorship Form

*Benefiting: The Carroll Theatre Department*

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Sponsor Company Contact \_\_\_\_\_

Carroll Theatre Department  
Contact/Phone \_\_\_\_\_

## 2007-2008 Season Sponsorship Levels

## Payment

____ Star Billing Sponsors ***	\$15,000	Amount: _____
____ Marquee Sponsors	\$10,000	
____ Producer Sponsors	\$7,500	Check Number: _____
____ Orchestra Sponsors	\$5,000	
____ Technical Crew Sponsors	\$2,500	
____ Cast Sponsors	\$1,000	
____ Opera Populaire Sponsors	\$500	<u>Note: Federal Tax ID #75 - 6005011</u>
____ Full Page Program Ad	\$250	
____ Half Page Program Ad	\$150	
____ Quarter Page Program Ad	\$100	
____ Business Card Program Ad	\$50	

(Make check payable to: Carroll Theatre Department)

\*\*\*Category exclusivity available, pending School Board approval, only at Star Billing Sponsor level for double the sponsorship level, \$30,000.

Questions? Contact Roald or Stacie Martinsen at 817-949-5913 or [MartinsS@cisdmail.com](mailto:MartinsS@cisdmail.com)