



SPONSORSHIP AGREEMENT

Business Name: _____

Address: _____

City/State/Zip: _____

Authorizing Contact: _____

Phone: _____ Email: _____

Administrative Contact (For Payment, Ticketing, Logos, Ads, Etc.): _____

Phone: _____ Email: _____

Our business would like to become sponsor at the following level:

___ Concessions Sponsor (\$250) *Production to Be Sponsored:* _____

___ Tavern Sponsor (\$500) *Production to Be Sponsored:* _____

___ Box Office Sponsor (\$500) *Production to Be Sponsored:* _____

___ Supporting Sponsor (\$1,000) *Production to Be Sponsored:* _____

___ Producing Sponsor (\$1,500) *Production to Be Sponsored:* _____

___ Season Sponsor (\$2,500)

Sponsorship Payment Options:

___ Please send an invoice for the amount indicated

___ Payment is enclosed (payable to Square Foot Theatre)

___ Please charge our credit card:

Card Number: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Signature of Authorizing Contact

Date

Please return this form by...

Mail: 950 Yale Avenue, Units 23-27, Wallingford, CT 06492
E-mail: treasurer@squarefoottheatre.com

For questions or more information, please contact
Steven Rignoli, Treasurer, Board of Directors
203-793-7383 | treasurer@squarefoottheatre.com