



**THEATRE
ODYSSEY**

**STUDENT TEN-MINUTE PLAY FESTIVAL
SPONSORSHIP BENEFITS LEVELS**

Name: _____

Address: _____

City/State/Zip: _____

E-mail: _____ Telephone: _____

Name as you would like published: _____

Sponsorship Levels



EXECUTIVE PRODUCER \$1,000	
PRODUCER \$500	
ASSOCIATE PRODUCER \$250	
ASSISTANT PRODUCER \$100	
BACKER \$35 - \$99	

If paying by check, please make out to Theatre Odyssey and mail to:

*PO Box 1383
Sarasota, FL 34230*



Name on card: _____

CC#: _____

Exp: _____ CVC#: _____

Signature: _____ Date: _____