



**THEATRE  
ODYSSEY**

PO Box 1383  
Sarasota FL 34230-1383

## SPONSORSHIP LEVELS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name as you would like it published: \_\_\_\_\_

*Select your level of commitment and the festival you wish to sponsor:*

	Ten-Minute Play Festival	✓	Student Ten-Minute Playwriting Festival	✓	One-Act Play Festival	✓
BACKER	\$35 - \$249	<input type="checkbox"/>	\$35 - \$99	<input type="checkbox"/>	\$35 - \$249	<input type="checkbox"/>
ASSISTANT PRODUCER	\$250	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$250	<input type="checkbox"/>
ASSOCIATE PRODUCER	\$500	<input type="checkbox"/>	\$250	<input type="checkbox"/>	\$500	<input type="checkbox"/>
PRODUCER	\$1000	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$1000	<input type="checkbox"/>
EXECUTIVE PRODUCER	\$2000	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$2000	<input type="checkbox"/>
SEASON PRESENTER	\$5000	<input type="checkbox"/>				

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: \_\_\_\_\_