

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:

SEASON PRESENTER	\$5000	<input checked="" type="checkbox"/>	{ Ten-Minute Play Festival Student Ten-Minute Festival One-Act Play Festival	<input type="checkbox"/>
EXECUTIVE PRODUCER	\$2000	<input type="checkbox"/>		<input type="checkbox"/>
BACKER	\$35 - \$1999	<input type="checkbox"/>		<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: _____