



BUSINESS SPONSORSHIP
2024 Season

COMPANY INFORMATION:

Contact Name

Company Name

Street Address

City

State

Zip Code

Phone Number

Email Address

Name of Show: _____ Amount Committed: \$ _____

You are agreeing to the following:

1. I want to be a sponsor of Theater 23.
2. I understand the benefits of sponsorship and that payment must be received prior to receiving benefits.
3. I will remit payment in full at least thirty (30) days before opening night of the show.
4. I will submit a logo in JPEG, GIF, PNG or PDF format, 100% size @ 150 dpi at least thirty (30) days before opening night of the show to **info@theater23.org**.
5. I understand that I must make a reservation to receive tickets for performances by calling **(865) 257-9493**.

CONTACT SIGNATURE

DATE

**Send Form and Check Payable to THEATER 23 to:
Theater 23 – P. O. Box 171, Strawberry Plains, TN 37871**