

Door County's Community Theater

## **2025 Rogue Theater Sponsorship**

P.O. Box 782 Sturgeon Bay, WI 54235 920-818-0816 1roguetheater@gmail.com

Company Name:	Sponsorship
Contact Name:	Show Sponsorship \$800 1/2-page ad in show program Name/logo in lobby display
Address:	Name mentioned at the start of each show performance     6 tickets to the sponsored show
City, State, Zip:	Share a Show Sponsorship*
Phone:	<ul> <li>Two 1/4-page ads in show program</li> <li>Names/logos in lobby display</li> <li>Names mentioned at the start of each show performance</li> </ul>
Email:	3 tickets (each) to the sponsored show
Send artwork electronically to: 1roguetheater@gmail.com	Sharing with: Season Sponsorship
If contact info for the ad rep/graphic artist differs from the contact name of the sponsor, please provide:	<ul> <li>Full page ad in each show program</li> <li>Name/logo in lobby display</li> <li>Name mentioned at the start of each show performance</li> <li>25 tickets to the 2025 season</li> </ul>
Name of Ad Rep:	*For Share a Show Sponsorship,
Phone: e-mail:	please submit a form for each sponsor.

## ? Questions contact Lola at 920-818-0816.

- Submit Contract and Full Payment
- Artwork for Show Sponsor due two weeks prior to show opening.
- Artwork for Season Sponsorship due May 15, 2025.

## Keep a copy for your records. Send a copy of this contract to: Lola DeVillers at Rogue Theater: PO BOX 782, Sturgeon Bay, WI 54235

## CONTRACT TERMS

- 1. Sponsors authorizes insertion of ad in show programs and agrees to payment as stated on this contract.
- 2. Rogue Theater reserves the right to refuse any ad deemed inappropriate.
- 3. Tickets will be mailed to address above.
- 4. By signing this contract the sponsor and their representative agrees to the terms and conditions as specified on this contract.

I have read and agree to the contract terms specified above.



PAYMENT ME	THOD:
□ Check enclosed payable to Rogue Theater	
□ Visa or □ MasterCard Card #	
Exp	CVC
Zip Code	