

Sponsor Name: _____ Contact Person: _____

Mailing Address: _____

Phone # _____ Email Address : _____

Sponsorship Level:		
<input type="checkbox"/>	Season Sponsor	\$10,000+
<input type="checkbox"/>	Half Season Sponsor	\$7,500+
<input type="checkbox"/>	Title Sponsor for Show, Film, Event	\$2,000
<input type="checkbox"/>	Ragland Comedy Night Sponsor	\$1,500
<input type="checkbox"/>	Summer Musical Sponsor	\$1,000
<input type="checkbox"/>	Spring Break Student matinees (4 films)	\$850
<input type="checkbox"/>	Youth Theater Education Sponsor	\$500 each
<input type="checkbox"/>	One Show Sponsor	\$500
<input type="checkbox"/>	Ragland Film Series Sponsor	\$300 each

Logos MUST be received by 7.31.22

Total \$: _____

Deposit Enclosed \$: _____

Payment Type (circle one): Check # _____ Cash Invoice Credit Card

Name on Card: _____ Exp Date: _____

Credit Card #: _____ CVC Code: _____

Special Instructions (invoicing, publicity needs, logo needed, still or video ad, etc.): _____

Terms & Conditions

We understand that sponsorship is a partnership with the Ross Ragland Theater and will furnish our logo by the agreed upon date (if applicable) and that payment of sponsorship is due at the time of signing or immediately upon receipt of invoice. Credit card payments can be done upon your instruction. Non-payment or late payment of sponsorship may result in your benefits being reduced or missed.

Company Representative: _____ Date: _____

RRT Representative: _____ Date: _____

Remit to: Ross Ragland Theater, Natalie Postles | 200 N. 7th St., Klamath Falls, OR. 97601 | development@rrtheater.org | 541.887.8638

