

Bitterroot Performing Arts Council
SPONSORSHIP / DONOR LEVEL
ADVERTISING AGREEMENT: 2019-2020

Organization Name: _____

Contact Person: _____ Email: _____

Mailing Address: _____

City, State, Zip: _____/_____/_____

Best Phone Number: _____

Sponsorship/Donor Level \$ _____ Business _____ or Individual _____

Name as you want it listed in program / sponsor recognition: _____

Payment method: Check # _____ Pledge _____ To be invoiced on: _____

Credit Card # _____ CCV Code: _____

Expiration Date: _____ Name on Card: _____

If a performance sponsor, please indicate show preference: _____

Ticket Benefit: _____ 2 Season Tickets _____ 4 Season Tickets _____ 8 tickets to sponsored performance
_____ 4 Show Tickets _____ 2 Show Tickets

Prefer tickets to be held at box office/will call: _____ Will pick up: _____ Please deliver: _____

Show/date selection for ticket benefit _____

Please Note: *If a performance selection is not indicated, we will rely on you to contact our box office at 363-7946.*

PROGRAM ADVERTISING:

The advertising/sponsorship you have selected includes advertising space in our season series program. ***The sponsor is responsible for creating and delivering the finished ad in an acceptable manner to our printer per the printer's specifications.***

Your package includes one _____ Black _____ Full Color _____ Full Page _____ 1/2 Page _____ 1/4 Page _____ 1/8 Page

*****The advertiser/sponsor is responsible for delivery of their ad material to our printer no later than Monday, Aug. 15, 2019 and a final proof of the ad prior to printing. _____ (initial)**

Marketing Contact Name _____

Phone: _____ Fax: _____ Email: _____

Sponsor Signature: _____

BPAC Representative: _____ Date: _____

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