

SLOCO Committee Member: _____ Phone #: _____

Simsbury Light Opera Company Advertising/Sponsor Agreement

Thank you for sponsoring the Simsbury Light Opera's production of **H.M.S. Pinafore** - our 67th production! Your generosity makes it possible to present our extraordinary productions each season and continue our tradition of supporting local arts organizations. **Please indicate which type of listing you prefer from the following Advertising/Sponsor categories and return the entire contract with your payment.** (Remember to make a copy for your own records.)

Sponsorships:

All sponsorships include a prominent listing in our program and, depending on the level, general admission tickets in a preferred section of the theatre.

_____ **Corporate Savoyard** Donation: \$250.00 - 4 tickets to the show and opening night patron party

_____ **Corporate Benefactor** Donation: \$100.00 - 2 tickets to the show and opening night patron party

_____ **Business Sponsor** Donation: \$ 75.00

_____ **Listing by Town** Donation: \$ 50.00

*NOTE: Sponsorships are tax deductible, based on the donation amount minus purchase value of tickets received.

Advertising:

Item Ordered:	Size	Rate	Complimentary Tickets to Show and Patron Party
	1/8 page (2.25" x 1.75")	\$75	-
	1/4 page horizontal (4.75" x 1.75")	\$100	2
	1/4 page vertical (2.25" x 3.75")	\$100	2
	1/2 page (4.75" x 3.75")	\$150	4
	Full page (4.75" x 7.75")	\$250	4
	Back or Front Inside cover: Full page(4.75"x7.75")	\$300	4
	Outside back cover: Full page (4.75" x 7.75")	\$350	4

****For advertisements, please mail or email camera ready, black and white copy. Email: nannaroz@gmail.com****

For which performance will you be requesting tickets?

Evenings at 7:30: Sat. 3/10 ___ Sat. 3/17 ___ Matinees at 2:00: Sun. 3/11 ___ Sun. 3/18 ___

You may purchase EXTRA TICKETS for preferred seating during the performance you choose (Limit four)

___ Adult(s) \$20.00 ___ Senior Citizen/Student \$15.00 ___ Children (12 & under) \$5.00

SPONSOR INFORMATION – Please print this information as you would like it to appear in the program

Company Name: _____

Mailing Address: _____

Town: _____ State: ___ Zip Code: _____ Phone #: _____

Company Contact: _____ Amount Enclosed: \$ _____

Signature: _____ Email: _____

DEADLINE FOR PROGRAM PRINTING: FEBRUARY 1, 2012

Please mail this completed form (Check payable to SLOCO) with your camera ready, hard copy advertisement to:

Roz Hahn, 30 Ironwood Road, West Hartford CT 06117