



CLASSIC MOVIE SPONSORSHIP FORM

Business Information:

Name of Business, Organization: _____

What will you be advertising? _____

Contact Person/Responsible Party: _____

Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Payment Information:

\$250 per film includes:

- 1 month on-screen advertising (ad 8 ½ x 11” landscape – must be in jpeg format and either emailed or delivered on disc or flash drive)
- 10 tickets to distribute indicating on ticket your sponsorship
- Sponsorship noted on posters/flyers/handouts

Film requested: _____

Date of screening requested: _____

Please make checks payable to: Town of Rockingham with BFOH Classic Movie in the memo line. Check must be received with form at least 2 weeks prior to the month of requested movie.

Please submit completed form with advertisement materials to:

Bellows Falls Opera House
Att: Rick Angers
P.O. Box 370
Bellows Falls, VT 05101
Email: rangers@rockbf.org

For questions contact Rick Angers, Theater Manager, at 802-591-0656 or email: rangers@rockbf.org

For Town Use:

Received by: _____ Date: _____

Reviewed by: _____ Date: _____

Slide Test: _____ Start Date: _____ Date Paid: _____