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

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For Town Use:

Received by: __________________ Date: ______________

Reviewed by: __________________ Date: ______________

Slide Test: ______________ Start Date: ______________ Date Paid: ______________