STRAZ CENTER
FOR THE PERFORMING ARTS

Broadway Ball 2010

Saturday, October 16, 2010

Sponsorship Agreement Form

Yes, we would like to support the Straz Center by becoming a Broadway Ball sponsor at the level of:

- ☐ Aquarius Sponsor $20,000 (limited to five sponsors)
- ☐ Starshine Sponsor $10,000
- ☐ Tribe Sponsor $7,500

☐ Please bill me.

☐ Enclosed is a check for $_____ made payable to the Straz Center for the Performing Arts.

Contact/Name

Company Name

Address

City State Zip

Telephone Fax E-mail

Please print your name or the name of your corporation as you would like it acknowledged in the program.

Authorized Signature ***(Please print name)***

Please return this form to Carla Armstrong at:

Straz Center for the Performing Arts
P.O. Box 518
Tampa, FL 33601-0518
Email: carla.armstrong@strazcenter.org
Fax: 813.222.1057

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ESTIMATED FAIR MARKET VALUE OF EACH TICKET IS $50.