



# CORPORATE SPONSORSHIP AGREEMENT

2019-2020 Season

## **Business Information:**

Contact Name

Company

Street Address

City

State

Zip Code

Phone Number

Email Address

Sponsorship level: \_\_\_\_\_ Amount committed: \_\_\_\_\_

### ***Please initial the following and sign where indicated:***

\_\_\_\_\_ Upon receipt of payment and signed agreement I agree to be a sponsor of Theatre Knoxville Downtown.

\_\_\_\_\_ I understand the benefits of sponsorship and recognize that payment must be received prior to receiving these benefits.

\_\_\_\_\_ I agree to remit payment in full 30 days prior to opening night of the first production of the season for which I am a sponsor.

\_\_\_\_\_ I understand that I must submit a logo in JPEG, GIF, PNG or PDF format, 100% size @ 150 dpi to **webmaster@theatreknoxville.com** 30 days prior to opening night of the first production of the season for which I am a sponsor.

\_\_\_\_\_ I understand that I must reserve tickets for each show through the TicketPeak online service, and that Theatre Knoxville Downtown cannot guarantee seats if they have not been previously reserved.

\_\_\_\_\_  
Contact Signature

\_\_\_\_\_  
Date

### **Send completed form to:**

Theatre Knoxville Downtown  
800 S. Central  
Knoxville, TN 37902

Make checks payable to:

**Theatre Knoxville Downtown**

or visit **www.theatreknoxville.com** to order and pay electronically.