



# Sponsor a Seat

Business/Individual/Organization Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check Number \_\_\_\_\_ Date \_\_\_\_\_

Limited Sponsorship Opportunity – First Come, First Served

**Please indicate number of seat sponsorships desired**

\_\_\_\_\_ Seat Sponsorship - \$200.00

Seat Sponsor #1

**Desired message on first seast:** (i.e. In Memory of my beloved sister, Jane Pearl)

**Line 1** \_\_\_\_\_

**Line 2** \_\_\_\_\_

**Line 3** \_\_\_\_\_

Seat Sponsor #2

**Desired message on first seast:** (i.e. In Memory of my beloved sister, Jane Pearl)

**Line 1** \_\_\_\_\_

**Line 2** \_\_\_\_\_

**Line 3** \_\_\_\_\_

Please print clearly.

**Total Amount Enclosed \$**\_\_\_\_\_

**Please mail checks and order form to  
Clearfield Arts Studio Theatre  
PO Box 613, Clearfield, PA 16830**