



Sponsorship Contribution Form

Name: _____

Address: _____

Phone: _____

Enclosed Check For \$ _____ Sponsorship Level _____

Name/Name of Business or Organization as you wish to appear in the program:

Mail to:

Nutcracker Ballet Theatre Company

PO Box 610253

Port Huron, MI 48061

Checks need to be received by November 1st to be recognized in our program.

Sponsorship Levels

Featured Sponsor: \$2,000.00+

Director Sponsor: \$1,000.00+

Choreographer Sponsor: \$500.00+

Corps de Ballet: \$250.00+

Scene Sponsor \$25.00 each

___ Party Scene

___ Battle Scene

___ Snow Scene

___ Land of Sweets Scene

Acknowledgement of donation in Nutcracker Souvenir Program

Name/Company Name displayed on two Sponsor Boards in the lobby during all four performances.