PERRY PLAYERS SPONSORSHIP FORM

We are so thrilled you are joining us to bring a future production to life. Please complete the following form in its entirety and return it to us via:

Ma		Perry Players Co P.O. Box 428	ommunity Theatre	OR	Email:	thenewp	boxoffice@	gmail.com	
	F	Perry, GA 31069	9	SHOV	V :				
Sp	onsorsh	p Information:							
			ognition in our playl company logo to: th					d a business	card, name
ab	ove ema	ail, you authorize	ust be submitted i Perry Players to a ation may be entitl	modify 1					recognition to the it the space to
			uestions about how I leave us a messaç						37-5354
Business Name									
Contact Name									
Contact Phone Number ()									
	Cor	ntact Email							
					_				
G	ift Amo	ount \$							
	Cash								
	Check	Please make pa	Please make payable to: Perry Players Community Theatre						
	Money Order Please make payable to: Perry Players Community Theatre								
	Credit Ca	5354,	If you prefer to call us with your card information, 478-987-5354, or provide us your card information and signature below						
Cr	edit Car	d Information:	Name on Card:						
	Ca	rd Number:							
Expiration: Sec				curity Co	ode (CVV):			
	Bill	ing Address:							
	_								
	Ca I a	rdholder Signature uthorize Perry Play	e: yers Community Th	neatre to	charge r	my card in t	ne gift amour	nt provided ab	oove