

Arts Alive 2020 10 Year Celebration

Community Partnership Commitment form

Individual seating: _____ @ \$110.00 each Total of _____ Table of TEN _____ \$1,100

Big Ten Sponsorship \$10,000 _____ (12 seats) \$2500 Sponsorsip (8 seats) _____

_____ additional seats - up to 12 per table @ \$100/each

I would like to sponsor tickets or a table for performers' parents, teachers, or event volunteers.

Amount Donated _____ Total Amount to Be Charged to Card \$ _____

Business/Organization: _____

(This is the name your table/seating will be reserved under.)

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Payment Options:

Check Enclosed for \$ _____ Send Invoice for \$ _____ Pay

with Credit Card/Circle One: VISA MasterCard Discover AmEx

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Name of Cardholder (as it appears on card): _____ Billing Zip Code: _____

Signature _____

Today's Date _____

EMAIL THIS FORM TO: ArtsAliveBay@gmail.com

If paying by check- Email a copy of the form to ArtsAliveBay@gmail.com and enclose a copy with your payment to: Bay Education Foundation, 1311 Balboa Avenue, Panama City, FL 32401