LHS Theatre Department Season Sponsor Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Sponsorship:

Stagehand ($10): \_\_\_\_\_\_\_\_\_\_\_\_\_ Crew Head ($25): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stage Manager ($50): \_\_\_\_\_\_\_\_\_\_\_ Assistant Director ($75): \_\_\_\_\_\_\_\_\_\_

Guardian Angel ($100+): \_\_\_\_\_\_\_\_\_\_\_\_\_

### Please return this form with your payment either in person to Mr. Williams or mail it to Lincoln High School, ATTN: Michael Williams, 2600 SW 9th Street, Des Moines, IA 50315. Email questions to Michael.williams@dmschools.org

### Please make out all checks to Lincoln Theatre Arts