

Sponsors, Patrons and Program Ads Registration Form

Contact Name: _____

Company Name: _____

Address: _____

City, State, ZIP: _____ E-Mail: _____

Phone 1: _____ Phone 2: _____

Cast Member Contact: _____

SPONSORSHIP Sponsorship Level: _____ Tickets Requested: _____

PATRON Amount of Contribution: _____

PROGRAM AD Ad Size: _____ Program Ad Title: _____

MAKE CHECK PAYABLE TO MAGIC MOMENTS INC.

Amount Paid: _____ Date Paid: _____

Signature: _____

Retain a copy of this form for your records and return this form:

MAGIC MOMENTS, INC.

PO Box 97

Littleton, CO 80160-0097

Tax ID: 84-1066189

Questions?

Contact us

303-575-1005

funds@magicmomentsinc.org

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