



THE SOUND of the SEASON

AN EVENING AT



CARTERET COMMUNITY THEATRE
DECEMBER 2ND AT 6:00 PM

SPONSORSHIP COMMITMENT FORM

CONTACT INFORMATION

Company/Organization _____

Contact Name _____

Title _____

Address _____

Phone _____

Email _____

Website _____

PAYMENT INFORMATION

Payment is appreciated by October 15, 2026.

Please make checks payable to:
Carteret Community Theatre

Mail completed form to:
Clay Jackson, Executive Director
Carteret Community Theatre
1311 Arendell Street
Morehead City, NC 28557

SPONSORSHIP LEVEL

Please select the level you are interested in:

- | | |
|---|---------|
| ☐ PRESENTING SPONSOR | \$5,000 |
| Only 1 available | |
| ☐ ENTERTAINMENT & DANCE FLOOR SPONSOR
(EXPERIENCE SPONSOR) | \$3,000 |
| ☐ COASTAL CHRISTMAS COCKTAIL SPONSOR
(EXPERIENCE SPONSOR) | \$3,000 |
| ☐ DINNER SPONSOR
(EXPERIENCE SPONSOR) | \$3,000 |
| ☐ CHRISTMAS CAROLERS & WELCOME SPONSOR
(EXPERIENCE SPONSOR) | \$3,000 |
| ☐ MISTLETOE TABLE SPONSOR | \$2,000 |
| ☐ EVERGREEN PATRON | \$1,000 |

FOR SPONSORSHIP INFORMATION

Contact Stephanie McIntyre

✉ Stephanie@staircaseconsult.com

☎ (252) 723-2603



ACKNOWLEDGEMENT

By signing below, I/we acknowledge and agree to the sponsorship level selected above and understand the benefits associated with this sponsorship. I/we also understand that sponsorships are nonrefundable.

Authorized Signature: _____ Date: _____