

THE GRAND PALS PROGRAM

SPONSORSHIP REQUEST FORM

Date _____

Schools are matched with supporting sponsors based on availability of sponsors and time of application.

School Contact Information

Name _____

Title/Grade Level/Curriculum _____

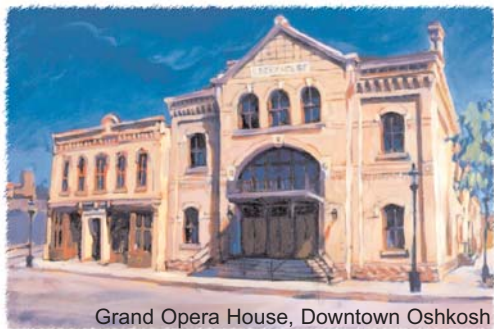
School Name _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____ Fax: _____

E-mail address _____



Please select one:

- We have a current reservation for a Thrivent Financial Discovery Series performance and would like to request sponsorship for a portion of the attendance.
- We do not have a current reservation and wish to be placed on a waiting list for a match; our school's attendance would require a fully-paid sponsorship.

Performance Information

Performance name/date/time: _____

Grade level(s) of students attending: _____

Minimum sponsorship dollars required (\$6 per person): _____

Why does your school need sponsorship assistance?: _____

**Please return this form by FAX or MAIL and we will do our best to match your request with a sponsor.
Thank you!**

Grand PALS • Grand Opera House • P.O. Box 1004 • Oshkosh, WI 54903-1004 • Fax: 920-424-2357
Additional forms may be downloaded or printed from The Grand's Web site: www.grandoperahouse.org

IMPORTANT! Please understand ...

... this form does not guarantee sponsorship subsidy but assists with sponsorship matches.