

**Yes, I want to sponsor a seat!** Order as many as you like! Please complete and return this form.

Mail to:

Coronado School of the Arts Foundation  
PO Box 181587  
Coronado, California 92178

Fax or Deliver to:

Coronado School of the Arts  
650 D Avenue  
Coronado, California 92118  
Fax: 619.437.1639

Choose your sponsorship level and indicate number of seats below. Producer-level donors may request specific seat locations by calling the CoSA office (619.522.4050). Seats in all other sections will be assigned, beginning with the first row in each section. **All** orders will be processed on a first-come, first-served basis.

Level	Number of Seats	Contribution	Subtotal
<input type="checkbox"/> \$1,500 Producer	_____ X	\$1,500 =	\$_____
<input type="checkbox"/> \$ 500 Director	_____ X	\$ 500 =	\$_____
<input type="checkbox"/> \$ 200 Performer	_____ X	\$ 200 =	\$_____
		Total \$	_____

**Your Inscription**

Clearly print your inscription below. You may use up to 60 characters, including spaces, per seat. One character or space per line please. Attach separate sheets for additional inscriptions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Payment Information:**

I would like to pay by:  Check  Mastercard  
 Visa  American Express

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# (3 digit # on back of card) \_\_\_\_\_

Your signature \_\_\_\_\_

For questions about naming a seat, other naming opportunities, or the programs at Coronado School of the Arts, please call **619.522.4050.**

**Yes, I want to sponsor a seat!** Order as many as you like! Please complete and return this form.

Mail to:

Coronado School of the Arts Foundation  
PO Box 181587  
Coronado, California 92178

Fax or Deliver to:

Coronado School of the Arts  
650 D Avenue  
Coronado, California 92118  
Fax: 619.437.1639

Choose your sponsorship level and indicate number of seats below. Producer-level donors may request specific seat locations by calling the CoSA office (619.522.4050). Seats in all other sections will be assigned, beginning with the first row in each section. **All** orders will be processed on a first-come, first-served basis.

Level	Number of Seats	Contribution	Subtotal
<input type="checkbox"/> \$1,500 Producer	_____ X	\$1,500 =	\$_____
<input type="checkbox"/> \$ 500 Director	_____ X	\$ 500 =	\$_____
<input type="checkbox"/> \$ 200 Performer	_____ X	\$ 200 =	\$_____
		Total \$	_____

**Your Inscription**

Clearly print your inscription below. You may use up to 60 characters, including spaces, per seat. One character or space per line please. Attach separate sheets for additional inscriptions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Payment Information:**

I would like to pay by:  Check  Mastercard  
 Visa  American Express

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# (3 digit # on back of card) \_\_\_\_\_

Your signature \_\_\_\_\_

For questions about naming a seat, other naming opportunities, or the programs at Coronado School of the Arts, please call **619.522.4050.**

**Yes, I want to sponsor a seat!** Order as many as you like! Please complete and return this form.

Mail to:

Coronado School of the Arts Foundation  
PO Box 181587  
Coronado, California 92178

Fax or Deliver to:

Coronado School of the Arts  
650 D Avenue  
Coronado, California 92118  
Fax: 619.437.1639

Choose your sponsorship level and indicate number of seats below. Producer-level donors may request specific seat locations by calling the CoSA office (619.522.4050). Seats in all other sections will be assigned, beginning with the first row in each section. **All** orders will be processed on a first-come, first-served basis.

Level	Number of Seats	Contribution	Subtotal
<input type="checkbox"/> \$1,500 Producer	_____ X	\$1,500 =	\$_____
<input type="checkbox"/> \$ 500 Director	_____ X	\$ 500 =	\$_____
<input type="checkbox"/> \$ 200 Performer	_____ X	\$ 200 =	\$_____
		Total \$	_____

**Your Inscription**

Clearly print your inscription below. You may use up to 60 characters, including spaces, per seat. One character or space per line please. Attach separate sheets for additional inscriptions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Contact Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**Payment Information:**

I would like to pay by:  Check  Mastercard  
 Visa  American Express

Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVV# (3 digit # on back of card) \_\_\_\_\_

Your signature \_\_\_\_\_

For questions about naming a seat, other naming opportunities, or the programs at Coronado School of the Arts, please call **619.522.4050.**