

# Del Shakes Community Tour Sponsorship

Launched in 2016, the Community Tour brings Shakespeare to prisons, homeless shelters, mental health facilities, and community organizations throughout Delaware, reaching the full spectrum of humanity in our state. The 2020 production is a musical adaptation of *Twelfth Night*.



## Twelfth Night

**1,100+ attendees | Oct-Nov 2020**

"If music be the food of love, play on!" Twins separated by shipwreck find themselves in a love triangle - Viola loves Orsino, Orsino loves Olivia, and Olivia loves Cesario - and everyone is miserable until they're not!

LEVEL	BENEFITS		
	<b>Marketing Exposure across 17-18 Venues:</b> Posters, Postcards, E-blasts, Website, Social Media	<b>Other Benefits</b>	<b>Performance Announcement</b>
\$5,000 <i>Headliner</i>	<ul style="list-style-type: none"> <li>Logo with tagline, listing as Headliner</li> <li>Social media video post featuring a Del Shakes actor</li> </ul>	<ul style="list-style-type: none"> <li>Creativity and collaboration workshop for employees</li> <li>Open access to all rehearsals</li> </ul>	Performance announcement every night
\$2,500 <i>Benefactor</i>	<ul style="list-style-type: none"> <li>Logo, listing as Benefactor</li> <li>Social media video post featuring a Del Shakes actor</li> </ul>	<ul style="list-style-type: none"> <li>Open access to all rehearsals</li> </ul>	Performance announcement at 2 venues of choice
\$1,000 <i>Sponsor</i>	<ul style="list-style-type: none"> <li>Logo, listing as Sponsor</li> </ul>	<ul style="list-style-type: none"> <li>5 guests to first rehearsal Meet &amp; Greet</li> </ul>	Performance announcement at 1 venue of choice

Custom sponsorships available – contact Danielle Sullivan | [danielle@delshakes.org](mailto:danielle@delshakes.org) | 302.383.6644

# Del Shakes Sponsorship Form

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**Please check your Community Tour sponsorship choice:**

- \$5,000 Headliner
  - \$2,500. Benefactor
  - \$1,000. Sponsor
  - \$\_\_\_\_\_ Custom Sponsorship
- 

**Payments:** Please make checks payable to: Delaware Shakespeare; EIN 36-4535637

**Materials:** Send EPS logo and program ad to Cassie Alexander at [cassie@delshakes.org](mailto:cassie@delshakes.org)

**Please provide information below as it should appear in promotional material:**

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

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

Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website Link: \_\_\_\_\_

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

Signature of Authorized Representative: \_\_\_\_\_

Please email form to: **Cassie Alexander at [cassie@delshakes.org](mailto:cassie@delshakes.org)**