

Traverse City Film Festival

2019 Intern Program Sponsorship Contract



The festival is a 501(c)3 organization, charitable solicitation license #MICS35014. Sponsorships are tax-deductible to the extent allowed by law. **Deadline to ensure inclusion in the official program guide is July 10, 2019.** Email your high-resolution logo to logos@tcff.org. Please print legibly.

INTERN PROGRAM: \$500

The following benefits will be available to you as a sponsor:

- Recognition in the official program guide and on website
- Two regular movie vouchers
- One ticket to the Founders Party
- One credential for early screening entry through the sponsor line
- Priority online ticket ordering and concierge before Friends of the Film Festival and general public ticketing begin

Sponsor Name (exactly as you would like it to appear in any published material):

Contact Name: _____

Best Phone: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Website: _____

Please make checks payable to the Traverse City Film Festival.

For Credit Card Payments, Name on Card: _____

Card Number _____ **Expiration Date:** _____ **Security Code:** _____

For Promissory Note or Payment Plan, check here **Terms:** _____

The benefits listed on this contract are the only benefits I am entitled to receive in return for my sponsorship, and the tickets to which I am entitled cannot be exchanged. I am not entitled to receive any benefits until the festival has received 100 percent of my sponsorship amount. The tax-deductible portion of my sponsorship may be less than the full sponsorship amount, and the festival has made no promises or representations to me, other than as contained in this contract, regarding my sponsorship or the tax consequences or benefits of the sponsorship. The Traverse City Film Festival reserves all rights to design, conduct, produce and manage all events, and my sponsorship grants no rights in these areas.

By signing below, I acknowledge and accept the terms and conditions of this contract.

Sponsor Signature: _____ **Date:** _____