



Sponsorship Form

Personal Information

Full Name :

Business :

Full Address :

Email :

Phone :

Type Of Membership

*Choose your type of membership

Rehearsal Sponsor ☐ Supporting Sponsor ☐ Presenting Sponsor ☐

Title Sponsor ☐ Season Sponsor ☐

Bank Transfer

A D ROGERS

BSB 633 000

ACCOUNT 151423407

CREDIT/EFTPOS

NAME:

CARD NUMBER:

EXPIRY:

CCV:
