



JCC Rockland 14th Annual International JEWISH FILM FESTIVAL



PRODUCERS & DIRECTORS:

Associate Producer: \$250*

Includes one festival pass to all movies, preferred seating, and listing in program and on JCC website.

Producer: \$500*

Includes two festival passes to all movies, preferred seating, and listing in program and on JCC website.

Director: \$1000*

Includes four festival passes to all movies, preferred seating, and listing in program and on JCC website.

FILM SPONSORS:

Afternoon Screening: \$1400

Includes two tickets to patron event, two festival passes to all movies, preferred seating, six tickets to your film, a sponsorship poster at the film screening, and listing in program and on JCC website.

Weeknight Screening: \$ 2000

Includes four tickets to patron event, four festival passes to all movies, preferred seating, eight tickets to your film, a sponsorship poster at the film screening, and listing in program and on JCC website.

Senior Day Screening: \$2500

Includes four tickets to patron event, four festival passes to all movies, preferred seating, ten tickets to your film, a sponsorship poster at the film screening, and listing in program and on JCC website.

Sunday Night Screening: \$3600

Includes six tickets to patron event, five festival passes to all movies, preferred seating, ten tickets to your film, a sponsorship poster at the film screening, and listing in program and on JCC website.

Opening Night or Blockbuster Screening: \$5000

Includes six tickets to patron event, six festival passes to all movies, preferred seating, ten tickets to your film, a sponsorship poster at the film screening, and listing in program and on JCC website.

**Rates increase as of January 1, 2017*

SPONSOR INFORMATION:

Company or Individual Name *(as it will appear on all Film Festival literature):*

Contact Person: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Sponsorship Level: _____

Amount Due: _____

Payment Information:

Methods accepted: AMEX Mastercard Visa Discover Cash or Checks made payable to JCC Rockland

Credit Card Info:

Name on Card _____

Card Number _____ CSV Code _____ Exp. Date _____

Signature _____



JCC Rockland
450 West Nyack Road
West Nyack, NY 10994

Please fax or email completed form to **845.362.5107** or elenah@jccrockland.org