

SPONSORSHIP OPPORTUNITIES

Presidential

\$25,000

- Table for 10 guests with premier seating
- Full page ad in event program
- Logo and/or name displayed on all event signage and in program
- Verbal recognition from the stage during event
- Dedicated social media post prior to the event
- Recognition in Arrupe Jesuit newsletter, eNewsletters, and website

Senior

\$15,000

- Table for 10 guests with preferred seating
- Half page ad in event program
- Logo and/or name displayed on all event signage and in program
- Verbal recognition from the stage during event
- Recognition in Arrupe Jesuit newsletter, eNewsletters, and website

Junior

\$10,000

- Table for 10 guests with preferred seating
- Quarter page ad in event program
- Logo and/or name displayed on all event signage and in program
- Recognition in Arrupe Jesuit newsletter, eNewsletters, and website

Sophomore

\$7,500

- Table for 10 guests
- Logo and/or name displayed on event signage and in program
- Recognition in Arrupe Jesuit newsletter, eNewsletters, and website

Freshman

\$5,000

- Table for 10 guests
- Name displayed on event signage and in program
- Recognition in Arrupe Jesuit newsletter, eNewsletters, and website

ADVERTISING OPPORTUNITIES

Full Page Program Ad

\$1,500

- Full Page ad in event program
- Ad placement on AJHS website through April 2024

Half Page Program Ad

\$750

- Half page ad in event program
- Ad placement on AJHS website through April 2024

Advertising space must be reserved by Friday, February 2. Final artwork must be received by Friday, February 9.

MAGIS NIGHT 2024

SATURDAY, MARCH 2

ILLUMINATING TRADITIONS

SPONSORSHIPS

- _____ Presidential Sponsor \$25,000
- _____ Senior Sponsor \$15,000
- _____ Junior Sponsor \$10,000
- _____ Sophomore Sponsor \$ 7,500
- _____ Freshman Sponsor \$ 5,000

ADVERTISING

- _____ Full Page Program Ad \$1,500
- _____ Half Page Program Ad \$ 750

Register Online:
www.MagisNight.com

Please List Sponsor Name as: _____

Names of Guests:

_____	_____
_____	_____
_____	_____
_____	_____

Payment Information

Company _____

Contact Name _____

Address _____

City, State & Zip _____

Phone _____ Email _____

_____ Enclosed is my check # _____ for \$ _____ made payable to Arrupe Jesuit High School

_____ Please send me an invoice

_____ Please bill my: Visa / MC / Discover # _____ CVV# _____

Expiration Date _____ Name on Card _____

Signature _____

Please return this form & payment to: Arrupe Jesuit High School, 4343 Utica Street, Denver, CO 80212

Call (720) 726-3440 or email LCole@ArrupeJesuit.com with questions, or to register.

Please visit www.MagisNight.com for more information.

AJHS Tax ID: 02-0628872