



MAGIC NIGHT 2026: DREAMING IN COLOR

MARCH 7. SEAWELL BALLROOM AT DCPA.



SPONSORSHIP OPPORTUNITIES

Presidential

\$30,000

- 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

\$18,000

- 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

\$12,000

- 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

\$8,000

- 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

Half Page Program Ad

\$750

- Half page ad in event program

Final artwork for advertisements must be received by Friday, February 5, 2026.



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SPONSORSHIPS

_____	Presidential Sponsor	\$30,000
_____	Senior Sponsor	\$18,000
_____	Junior Sponsor	\$12,000
_____	Sophomore Sponsor	\$ 8,000
_____	Freshman Sponsor	\$ 5,000
_____	Individual Ticket	\$ 300

ADVERTISING

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

Please List Sponsor Name as: _____

Names of Guests:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Payment Information

Company (if applicable) _____

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/Disc/Amex # _____ CVV# _____

Expiration Date _____ Name on Card _____

Signature _____

Please return this form & payment to: Arrupe Jesuit High School, 4343 Utica Street, Denver, CO 80212
Call (303) 548-8791 or email Kelly Thomas Tilley at KThomas@ArrupeJesuit.com with questions,
or to register. Please visit www.MagisNight.com for more information.
AJHS Tax ID: 02-0628872