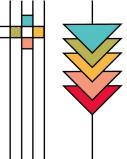


MAGI/ MIGHT 2026: DREAMING IN COLOR



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

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

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

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.



MAGI/ NIGHT 2026: DREAMING IN COLOR



MARCH 7. SEAWELL BALLROOM AT DCPA.

Sponsorships		Advertising	
Presidential Spo Senior Sponsor Junior Sponsor Sophomore Sponsor Freshman Spons Individual Ticket	\$18,000 \$12,000 nsor \$ 8,000 sor \$ 5,000	Full Page Program Ad Half Page Program Ad	\$1,500 \$ 750
Please List Sponsor Name as: _			
Names of Guests:			
1.		6.	
2.		7.	
3.		8.	
4.		q	
5.		10.	
Payment Information			
•			
Contact Name			
Phone	Email		
Enclosed is my check #	for \$	made payable to Arrupe Jesuit High Sch	ool
Please send me an invoice			
Please bill my: Visa/MC/Disc/Amex #		CVV#_	
Expiration Date	Name on C	ard	
Signature			