



Professional Theater

Since 1980

P.O. BOX 121 CAPE MAY, NJ 08204 ♦ (609) 884-5898 ♦ eastlynnetheater.org

TALES OF THE VICTORIANS FOR 2020
Our 31st Year of Presenting This Unique Program

For a \$100 donation to the nonprofit East Lynne Theater Company,
a storyteller will come to you!

It's a wonderful way to meet folks who wish to learn more about you and your business!

The Host and/or Hostess Agrees to:

- \* Provide a location, which is usually on an outdoor front porch, but the location could be inside, i.e., a tea shop or parlor.
\* Provide refreshments (cookies, cheese and crackers, etc.) and drinks (ice tea, lemonade, etc.).
\* Allow a small sign announcing the TALES to be placed so that those walking by may see it a few days before and on the day of the TALES.
\* Help with promotion, if possible, through social media including Facebook, Twitter, and e-blasts, and your own web site.
\* Pay \$100 either before the reading or on the day of to ELTC.
\* Allow ELTC to collect \$12 from each person attending, except those ages 12 and under are free, and if the venue is an accommodation such as a B&B or hotel, then there is also no charge for your guests.

East Lynne Theater Company Agrees to:

- \* Provide and pay for a storyteller to read classic tales from America's diverse repertoire.
\* Place targeted magazine and newspaper ads listing your venue, i.e., MAC's "This Week in Cape May" and "Exit Zero."
\* List the venue as a location for TALES in our Newsletters, Playbills, and Web Site.
\* Include the venue's name in press releases related to TALES, as well as targeted social media e-blasts, Facebook, and Twitter.
\* Give the venue the funds received by guests attending TALES, as long as \$100 total minimum is still retained by ELTC.
\* Guests staying at the inn or B&B who attend TALES, and not asked to pay the \$12.
\* Link the venue's web site to ours.

Please return at least this part of the form to the office of the not-for-profit ELTC.

BUSINESS \_\_\_\_\_ CONTACT PERSON \_\_\_\_\_

DATE \_\_\_\_\_ POSITION \_\_\_\_\_ PREFERRED DATE(S) FOR TALES \_\_\_\_\_

ADDRESS \_\_\_\_\_ E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

Please check one:

No need to send a separate bill: the check is enclosed: \_\_\_\_\_

The \$100 will be paid on the day of the TALES, either in full, or added to the amount taken at the gate so that the full \$100 is paid to ELTC: \_\_\_\_\_

Send an invoice to the above person and address: check will be mailed in a month: \_\_\_\_\_

Name/Address: \_\_\_\_\_