

Player's Name: _____



Norcross High School Soccer Booster Club

This confirms that _____ is
Company/Individual Name

placing a \$ _____ advertisement in the NHS Booster Club program.
Amount of Ad

Company/Individual contact _____

Company/Individual address _____

Phone number _____ *email* _____

Please make checks payable to: **Norcross High School Soccer Booster Club, Inc.**

Signature of Company/Individual Representative

Signature of Booster Club Representative

Date

Size/Price of Advertisement

Business card size, 3.5" x 2"	\$50.00
Quarter page, 4" x 5"	\$75.00
Half page, 7.5" x 3.75"	\$125.00
Full page	\$200.00
Inside front or back cover	\$300.00
Back cover	\$400.00
On-field banner ad*+full page ad	\$600.00

*On-field banner ad includes one color in addition to black. Each additional color, add \$40.

All program ads are black ink on white paper.

Note:

Please provide an ad slick or a regular business card. **(by email if at all possible)** This ensures a photo-ready copy for the program artist. If you do not have a business card or ad slick, we can create the ad for you. Please provide hand-written instructions on the back of this form. Please do not staple the business card or ad slick to this form. It makes holes in the cards that require intensive modification to remove. Please make sure that tape does not cover any copy.

Ads and or questions may be sent directly to:
nhs.soccerads@gmail.com

Sherry Lewter
5269 Garnaby Lane
Norcross, GA 30092
Cell: 770-330-0028

Please keep in mind that the ads that print the best are sent electronically.

date rec'd _____

check # _____

ad rec'd? _____

