

Ocala March Band Festival

PROGRAM ADVERTISEMENT

Date: _____
Name of student selling AD: _____

Complete the following on the BUSINESS or INDIVIDUAL purchasing add:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____

Complete clearly the following AD information:

Select AD size to be printed out of a 8.5" x 11" program page:

_____ Full page	\$100.00	Amount Paid: \$ _____
_____ 1/2 page	\$60.00	Make checks payable to:
_____ 1/4 page	\$40.00	West Port High School Band
_____ 1/8 page (business card)	\$25.00	Send AD copy to:
_____ Patron (name)	\$10.00	wpbbpresident@gmail.com

AD copy provided? _____ yes _____ no
If yes, Business card _____
Photo read copy _____
Newspaper AD _____
Previous advertisement _____
Other _____

Special Instructions: _____

Cut here

THANK YOU FOR YOUR PATRONAGE

Date: _____

Keep this **receipt** for the tax-deductible purchase of a PROGRAM AD for the
"West Port Concert Series" in the amount of \$ _____

Signature of Band Student or Parent