



CCS Booster Club

FOOTBALL PROGRAM AD ORDER FORM

Business Placing Ad: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

Cell: _____ Email: _____

Ad copy/Artwork/Photo Instruction:

All ad copy, artwork, and photos should be submitted by **August 26th** and emailed to:
presto.anita@conwaycorp.net

Ad Space cannot be guaranteed after Sept. 2nd

**Type and Size of Ad
Black and White**

_____ Full Page Ad \$200

_____ ½ Page Ad \$100

_____ ¼ Page Ad \$50

Total Amount Due: \$ _____

Check #: _____ (payable to CCS Booster Club/Program Ad)

Payment must be made with the form—Amount due will not be billed.

For Staff Use Only:

_____ Copy Received

Processed Date _____

_____ Artwork Received

Payment _____

_____ Photos Received

Other Notes _____

_____ Ad Proofed
