

FCT Member's Name:

Fleetwood Community Theatre *Season Advertising Participation Form*

Please mark your choice of advertising:

- _____ Full Page Ads @ \$400.00 (5w x 8h inches)
_____ 1/2 Page Ads @ \$260.00 (5w x 4h inches)
_____ 1/4 Page Ads @ \$180.00 (business card size)

- Cash in the amount of \$ _____ is enclosed as payment
 Check number _____ in the amount of \$ _____ made payable to *Fleetwood Community Theatre* is enclosed as payment.

Please **submit digital format ads (jpeg, gif, tiff) to fleetwoodct@ptd.net**
Then return your payment and along with this form
on or before SUNDAY, February 5, 2017.

Company Name: _____
Address: _____
City: _____ State _____ Zip code _____
Telephone Number () _____ - _____
Email Address: _____
Authorized By: (print) _____ Title: _____
Signature: _____ Date: ____/____/____

Mail to: Fleetwood Community Theatre
Attn: Marketing Coordinator
P.O. Box 12
Fleetwood, PA 19522

Remember: This form and all art for ads must be returned to FCT on or before February 5, 2017

For questions or additional information, please call 484-637-7067. Please leave a message and your call will be returned as soon as possible.