



2017-2018
Stafford Spartan Athletic Booster Club
Fall Athletic Program Advertising Contract

<input type="checkbox"/> Business	<input type="checkbox"/> Personal
Business Name _____	
Contact Name _____ Number _____	
Address _____	
City _____ State _____ Zip _____	
<input type="checkbox"/> New Ad	<input type="checkbox"/> Repeat Ad from last year

NEW Ad Sizes and Rates

Full Color Ads	Full Color Ads	Cover Ads (Full Color)
<input type="checkbox"/> Business Card \$15	<input type="checkbox"/> Senior Ad _{1/4 page} \$50	<input type="checkbox"/> Inside Front \$225
<input type="checkbox"/> 1/8 th Page \$30		<input type="checkbox"/> Inside Back \$225
<input type="checkbox"/> 1/4 th Page \$50		<input type="checkbox"/> Outside Back \$250
<input type="checkbox"/> 1/2 th Page \$75		
<input type="checkbox"/> Full Page \$100		

Team Photo Sponsor \$50

Check or Circle one	Check or Circle one	Check or Circle one
<input type="checkbox"/> 7 th grade Football	<input type="checkbox"/> 7 th grade Boys Basketball	<input type="checkbox"/> 7 th grade Baseball
<input type="checkbox"/> 8 th grade Volleyball	<input type="checkbox"/> 8 th grade Girls Basketball	<input type="checkbox"/> 8 th grade Softball
<input type="checkbox"/> Freshman Cross Country	<input type="checkbox"/> Freshman Boys Soccer	<input type="checkbox"/> Freshman Track & Field
<input type="checkbox"/> JV Cheerleading	<input type="checkbox"/> JV Girls Soccer	<input type="checkbox"/> JV Tennis
<input type="checkbox"/> varsity Band/Flag	<input type="checkbox"/> varsity Special Olympics	<input type="checkbox"/> varsity Golf
FFA	Karate	Powerlifting

Please send artwork in PDF format to mdmorris75@gmail.com. If you have any questions or problems with artwork, contact Melissa Morris at **(281) 661-0432**.

Payment is due in full at time of order. Please send checks made payable to: **Stafford Spartan Athletic Booster Club (SSABC)** along with a copy of this contract to **Stafford Spartan Athletic Booster Club** or return them to the Mrs. Guerra in the Competition Gym Athletic Office.

<input type="checkbox"/> Payment Enclosed	<input type="checkbox"/> Send Invoice to:
Name _____	Number _____
Address _____	
City _____ State _____ Zip _____	

Advertiser's Signature _____ Date _____

SSABC Representative _____ Date _____

Full Page

1/2 Page

1/8 page

¼ Page

Business Card