

# 2022-2023 SERVITE LACROSSE MEDIA GUIDE



## Advertising

- Servite plays in the Trinity League, one of the premier divisions in Southern California.
- The loyal Servite family extends across Southern California and regularly supports one another's businesses.
- Media Guide ads are tax deductible.
- Sponsors will be recognized in media guide and on the Servite website

### Size Options

width x height

\$3,000	Outside Back Cover	8" x 10"
\$2,000	Inside Front Cover	8" x 10"
\$2,000	Inside Back Cover	8" x 10"
\$1,000	Full Page	8" x 10"
\$500	Half Page (horizontal only)	8" x 5"
\$250	Quarter Page (vertical only)	3" x 4"
\$125	Business Card (horizontal only)	3" x 2"
\$50	2 Line Message (140 characters)	(5 per quarter page)
\$1,500	On Field Banner	3' x 6'

### Format Options

Email your artwork to **Susie Scaffidi** at [scaffidi@aol.com](mailto:scaffidi@aol.com) using the following acceptable formats:

• Jpg • Tiff • Pdf • Photoshop • InDesign  
• Illustrator • Publisher • Printshop • Word

The file size must match one of the width x height size options described to the left. All images should be sent in the highest resolution as possible (300 dpi or better is preferred).

If you are submitting a business card for artwork, please do not staple or paper clip it to the form as it will leave a mark on the card. All artwork must be completed when

## SERVITE LACROSSE- PROGRAM AD ORDER FORM

Name of Servite Lacrosse Player who should get credit for this ad: \_\_\_\_\_

The **DEADLINE** for all ads is  
**February 15, 2023**

Please make checks payable to:  
**Servite Lacrosse**

Mail check or credit card  
information along with this  
completed form to:

**Servite Lacrosse**

Attn.: Tom O'Leary  
1952 W. La Palma Ave.  
Anaheim, CA 92801

Questions?  
Contact Susie Scaffidi at  
[scaffidi@aol.com](mailto:scaffidi@aol.com)

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

No. of Ads: \_\_\_\_\_ Ad Size: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Method of Payment: ☐ Check ☐ Visa ☐ MasterCard ☐ Amex

Name on Card: \_\_\_\_\_

Address: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_