

DANCE SOUTH 2019 RECITAL PROGRAM AD FORM

Dancer's First and Last Name _____
Please PRINT CLEARLY. This is the name that will appear on the ad.

Class Day and Time: _____

Location: _____ Studio _____ INES _____ MLES _____ OMES _____ CASA

Parents Name _____

Cell Phone _____

_____ Quarter ¼ page \$45.00 each (no business cards)

_____ Half ½ page \$75.00 each

_____ Full page @ \$95 each

5 Year Specialty Page @ \$170.00

10 Year Specialty Page @ \$250.00

\$ _____ Total Amount Due

_____ Check Number Make check payable to Dance South

_____ Cash Receipt # _____

_____ Date Paid

AD MESSAGE AND OR BUSINESS SPONSOR'S NAME

Business Card Ads or Specialty Page Ads

Please scan your photos or business card to create a jpg digital file and save to a CD or USB thumb drive.