

ADVERTISEMENT FORM

Return this portion with logo and payment to Niki Doak

SEND WITH LOGO/BUSINESS CARD/MESSAGE AND CHECK TO: MRS. NIKI DOAK
104 QUARRY ROAD
SELINGSGROVE, PA 17870

CUSTOMER NAME: _____ PLAYER'S NAME _____

Please include ad or logo and check the appropriate size.

CHECK ONE:

- _____ FULL PAGE \$50
- _____ HALF PAGE \$25
- _____ QUARTER PAGE \$15 (business cards work for this size)
- _____ PERSONAL MESSAGE \$10

Check should be made payable to: **Selinsgrove Field Hockey Association**

Cut on line.

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CUSTOMER RECEIPT

Give this bottom portion to the business/person who pays for the ad.

Dear _____:
(Fill in the Customer Name)

Thank you for your enthusiasm and support of the 2006 Field Hockey Team. Our program will be handed out at the home games and will include your advertisement.

- _____ FULL PAGE \$50
- _____ HALF PAGE \$25
- _____ QUARTER PAGE \$15 (business cards work for this size)
- _____ PERSONAL MESSAGE \$10

Your check should be made payable to: **Selinsgrove Field Hockey Association**
Thank you for your donation to the Selinsgrove Field Hockey Association.

