

Help support the show program!

Business Program Advertising

Do you know of, or have, a business that can advertise with BTAA to help pay for the program? Not only will you be helping support the program and printing expenses but your ad will be seen by thousands of North County residents and families.

Prices

Please indicate which size ad you are purchasing

<input type="checkbox"/>	Full page ad on the back page of the program (the only color ad available) \$500.00
<input type="checkbox"/>	Full page ad on the inside of the front cover (black and white) \$250.00
<input type="checkbox"/>	Full page ad on the inside of the back cover (black and white) \$150.00
<input type="checkbox"/>	Full page ad (black and white) \$125.00
<input type="checkbox"/>	Half page ad \$70.00
<input type="checkbox"/>	Business card ad \$40.00

Discount rate of 50% available when you advertise in this and our next three programs.

Name: _____ Phone Number: _____

_____ I would like to reserve the ad indicated above for the show: _____ only.

_____ Yes, we would like to reserve the ad indicated above the program: _____ and the next three (a total of four show programs) \$ _____ X 4= _____ less 50% _____.

Our advertising committee and program manager will do their best to create an ad your business will be proud of. Please use art work in pdf or clear/clean artwork that we can scan into the program.



Performer Star Program Ads



Help raise money for the program and make your "star" shine at the same time by placing an ad of encouragement for your performer in the program.

Name: _____ Phone Number: _____

_____ Small ad \$25.00 _____ Large ad \$50.00 (please include a photo of your child)

Please write what you would like your ad to say. *Example "Dear Joey, you are always a star in our eyes, we are so proud of you! Love, Mom, Dad, and Sissy"*: _____

- ***Payment method: We accept cash / checks / Visa or MasterCard only. Sorry we do not accept Discover or American Express.***

_____ Enclosed is cash. _____ Enclosed is a check.

_____ Please charge my MasterCard or Visa # _____

In the amount of \$ _____ Billing Zip Code # _____

CVV (last 3 or 4 numbers on the back of the card# _____ Expiration Date: _____

Name on card: _____ Signature X _____