



2017 SHRINE BOWL PROGRAM/YEARBOOK ADVERTISING ORDER FORM



Shriners Hospitals for Children

Shrine Bowl of the Carolinas
377 Ruben Center Drive Suite 106
Fort Mill, SC 29708
Fax: 803-547-9545 Office 803-547-0300
programs@shrine-bowl.com

BUSINESS/RECOGNITION AD RATE:

Choose One:

- Full Page \$500.00
- Half Page \$300.00
- Quarter Page \$150.00
- Business Card \$ 50.00
- Donor /Donation (no artwork needed) \$ _____

Ad Due Date: November 17, 2017

SUBMIT:

This Order Form: Submit by mail or email
The Ad: Submit by mail or email. JPEG files in 300DPI or better preferred for best quality. On email submissions- put Business name in Subject line.
All Ads be will be printed in Black & White.

Recognition/Incentive Credit goes to: _____

I want to recognize:

Business Name: _____

Point of Contact for this Ad:

Name: _____

Address: _____

City/State: _____ Zip: _____

Phone number: _____ Email address: _____

The Ad: Copy Attached Submitting via email-put Business name in subject line

Method of Payment:

Check or money order enclosed:
(Made payable to Shrine Bowl of the Carolinas)

Credit Card:
Number: _____
Expiration Date: _____
Security number on back: _____

OFFICE USE ONLY:
Date Received: _____
By: _____
Amount Paid: _____
Hard Copy Ad Included: Yes or No

CREATE & BUY ONLINE:
<http://jostensadservice.com?REF=AO1059042>
OR GO TO: JOSTENS.COM

Select: Shrine Bowl of the Carolinas

- Create your account
- Choose your ad size
- Add your photos or artwork
- Add your words of recognition
- Preview your cart
- Put Sellers/Players' name in Recipient's line
- Checkout

If done online – no form needed!